

CITY OF GILLETTE
STREET CLOSURE APPLICATION

Name: First Baptist Church

Phone No. 307-682-4816

Address: P.O. 2217, 501 S. Gillette Ave., Gillette, WY 82717

Date of Closure: July 9, 16, 23, 2019

Time: 5:45 a.m./(p.m.) TO 8:15 a.m./(p.m.) (Include setup & take down times)

Area to be Closed: We are requesting that we be allowed to close S. Gillette Ave. from the intersection of 5th Street to the intersection of 6th Street.

Purpose for Closure: We would like to host fun outdoor activities and ensure that the participants are provided with a safe environment.

Does the Event Include Alcohol/Malt Beverages? YES ☐ NO ☒

(If yes, an appropriate alcohol/malt beverage/open container application form needs to be obtained through the City Clerk's Office.)

THE APPLICANT IS REQUIRED TO CONTACT ALL PERSONS OR BUSINESSES AFFECTED BY THE PROPOSED STREET CLOSURE, OBTAINING SIGNATURES ON THE ATTACHED NOTIFICATION FORM AND SUBMIT THE FORM WITH THE APPLICATION.

Signature of Applicant: Margaret Duffy; First Baptist Church

OFFICE USE ONLY

Division	Signature	Date	Approved		Comments
			Yes	No	
Police	<u>[Signature]</u>	<u>6/25/19</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Engineering	<u>[Signature]</u>	<u>6/25/19</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Public Works	<u>[Signature]</u>	<u>6/26/19</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
City Clerk	<u>C. Staskiewicz</u>	<u>6/25/19</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Emergency Group Notified

Date Notified: ____/____/____

Special

Instructions:

City Council Denial Date: ____/____/____

All residences and/or businesses affected by the street closure must be notified

Date: July 9, 16, 23, 2019

Time: 5:45 am/pm to 8:15 am/pm

[illegible]