

CITY OF GILLETTE  
STREET CLOSURE APPLICATION

Name: Jonathan D Bare

Phone No. 307-660-1442

Address: 2602 Sandalwood St Gillette WY 82716

Date of Closure: 8-30-20

Time: 8:00 a.m./p.m. TO 5:00 a.m./p.m.

Area to be Closed: Gillette Ave. From 2nd st to 4th st

Purpose for Closure: 2nd Annual Bikes Trikes and Tikes

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: [Signature]

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OFFICE USE ONLY

☐ Emergency Group Notified

Date Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Division	Signature	Date	Approved		Comments
			Yes	No	
Police	<u>C.D. [Signature]</u>	<u>6/25/20</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Engineering		<u>1/1</u>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Works	<u>[Signature]</u>	<u>6/25/20</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
City Clerk	<u>C. Staskiewicz</u>	<u>6/25/20</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Special Instructions: \_\_\_\_\_

City Council Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

City Council Denial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_