

CITY OF GILLETTE

STREET CLOSURE APPLICATION

Name: _____

Phone No. _____

Address: _____

Date of Closure: _____

Time: _____ a.m./p.m. TO _____ a.m./p.m. (Include setup & take down times)

Area to be Closed:

Purpose for Closure:

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: _____

OFFICE USE ONLY

Division	Signature	Date	Approved		Comments
			Yes	No	
Police		/ /			
Engineering		/ /			
Public Works		/ /			
City Clerk		/ /			

Emergency Group Notified

Date Notified: ____/____/____

Special

Instructions: _____

Make copies of this form if additional space is needed