



CITY OF GLEN ROSE
SPECIAL ALCOHOL USAGE PERMIT APPLICATION

201 NE Vernon, P.O. Box 1949, Glen Rose, TX 76043
Phone: 254-897-2272

The purpose of this application is to obtain special approval of alcohol consumption on public property in accordance with Section 8.01.001 of the City of Glen Rose Code of Ordinances.

This application must be submitted to the City Secretary's Office no less than thirty (30) days prior to the event, along with a complete event description. The application will be presented to and voted upon by the Glen Rose City Council as outlined in Section 8.01.001 of the City of Glen Rose Code of ordinances. This application will either be approved, approved with conditions, denied, or more information may be requested by the Glen Rose City Council. In the event requiring a street closure, applications must be submitted no less than ninety (90) days in advance. Due to Texas Department of Transportation requirements, closure of any state highway for more than six (6) hours will require sixty (60) days notification to the City. You will be notified in writing or by telephone of the application outcome, following the scheduled City Council meeting in which this application is addressed.

APPLICANT INFORMATION

APPLICATION DATE: 6/4/24 FORM COMPLETED BY: Kelly Harris
EVENT NAME: Friday Night Floats
EVENT CONTACT NAME: Kelly Harris
EVENT CONTACT MAILING ADDRESS: POB 2037, Glen Rose
PHONE# 817-564-4587 CELL# 817-564-4587
EMAIL: Kelly.harris@co.somervell.tx.us WEBSITE: www.SomervellTourism.com

SPONSORING ORGANIZATION INFORMATION (IF APPLICABLE)

NAME: Somervell County ADDRESS: _____
HEAD OF ORGANIZATION: Danny Chambers PHONE# _____

EVENT LOCATION AND DESCRIPTION

DESIRED EVENT LOCATION: Paluxy Riverwalk
OCCURRENCE OF EVENT: ANNUAL _____ (SINCE _____) ONE TIME _____ OTHER every Friday in June
LENGTH OF EVENT: ONE DAY _____ MULTI-DAY _____ OTHER: 2 hours
START DATE 06/7/24 END DATE 6/28/24
DURATION: FROM 6 AM/PM TO 8 AM/PM
ALCOHOL WILL BE: SERVED BY HOST _____ BYOB OTHER: _____

TYPE OF EVENT

EVENT DESCRIPTION: (PLEASE ATTACH WITH APPLICATION)

FIREWORKS DISPLAY

CONCERT

MARATHON/RACE

PARADE

CARNIVAL

FESTIVAL

PRIVATE PARTY

OTHER _____

ADDITIONAL COMMENTS: _____

EXPECTED ATTENDANCE: 100-200

NUMBER OF OFFICERS REQUIRED FOR SECURITY _____ (As determined by Police Chief)

ADDITIONAL QUESTIONS

WILL THERE BE ANIMALS IN CONJUNCTION WITH THE EVENT?

YES _____ NO

IF YES, HOW MANY? _____

WILL LOUDSPEAKERS BE USED IN CONJUNCTION WITH THE EVENT?

YES NO _____

IF YES, WHAT ARE THE HOURS LOUDSPEAKERS WILL BE USED?

_____ AM/PM TO _____ AM/PM

APPLICANT RESPONSIBILITIES

1. Applicant will clean the grounds, remove equipment, and restore the permitted site after the event.
2. The applicant is responsible for providing parking assistance.
3. Adequate policing for crowd control must be provided by applicant.
4. The applicant will not nail, staple, or otherwise attach any event-connected signs to any building, guard post, signpost, utility pole or tree.
5. Admission to the event will not be limited to membership nor will any discrimination be made against a person because of race, creed, sex, color, age or national origin in conducting the event. Admission to view the event will be open to the general public without discrimination on the grounds of race, creed, sex, color, age or national origin. Participation in the event may be limited to members of the sponsoring group, provided that the group does not unlawfully discriminate against participation in the event on grounds of race, creed, sex, color, age or national origin. Request for Special Events Application citing special circumstances for participation requiring gender or age discrimination must be accompanied by an exceedingly persuasive justification.
6. If necessary, the applicant will furnish a map showing the area where the special event is to be conducted.
7. Alcoholic beverages are prohibited except in designated areas only.

8. Other conditions in connection with this event are as follows:

FACILITIES REQUESTED

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Charges for requested facilities:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

CITY PERSONNEL USE ONLY

DATE RECEIVED: ___/___/___ RECEIVED BY: _____

___ APPROVED ___ DENIED DATE: _____ SIGNATURE OF OFFICIAL: _____

ADDITIONAL COMMENTS:
