



**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 at which this application will be addressed.

APPLICANT INFORMATION

APPLICATION DATE: January 15, 2026. FORM COMPLETED BY: Jane Edwards/Sandy Harslem
EVENT NAME: Bike MS: Round up Ride
EVENT CONTACT NAME: Jane Edwards
EVENT CONTACT MAILING ADDRESS: 1050 N. Post Oak, Suite 240, Houston, TX. 77055
PHONE# _____ CELL# 832-541-5766/817-939-4992
EMAIL: Jane.Edwards@nmss.org/Sandy@Promoterline.com WEBSITE: BikeMS.org

SPONSORING ORGANIZATION INFORMATION (IF APPLICABLE)

NAME: _____ ADDRESS: _____
HEAD OF ORGANIZATION: _____ PHONE# _____

EVENT LOCATION AND DESCRIPTION

DESIRED EVENT LOCATION: Paluxy Heritage Park
OCCURRENCE OF EVENT: ANNUAL X (SINCE 2023) ONE TIME _____ OTHER _____
LENGTH OF EVENT: ONE DAY X MULTI-DAY _____ OTHER: _____
START DATE 5 / 2 / 2026 END DATE 5 / 2 / 2026
DURATION: FROM 10am AM/PM TO 7pm AM/PM
ALCOHOL WILL BE: SERVED BY HOST X 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: 850

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?

10am AM/PM TO 5pm 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. ___ Paluxy Heritage Park _____
- 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:
