



Application for On-Premises Liquor/Beer Permit

Applicant: _____
Business Known As: _____
Address: _____
Contact Phone #: _____

Type of TABC License or Permit filing for: _____

Are you renewing a current City alcohol beverage permit: No _____ Yes _____?
Current permit number: _____

1. Will your business be located within 300 feet of a church or public hospital?
Yes _____ No _____

2. Will your business be located within 300 feet of any private/public school?
Yes _____ No _____

3. Will your business be located within 300 feet of any day care center or child care facility?
Yes _____ No _____

If any information submitted in this application is found to be incorrect, any permits issued in connection with this application may be subject to revocation.

I have read the above application and affirm that the statements therein contained are true.

Applicant's or applicant's Agent Signature

Date

State of Texas, County of _____

_____ personally appeared before me, and being first duly sworn, declared that he/she signed this application in the capacity designated, if any, and further

states that he/she has read the above application and affirmed that the statements therein contained are true.

Notary Public's Signature

Office Use below this line

Does the Zoning for the above referenced site permit the described alcohol sales activity?

Yes _____ No _____

Application:

Approved _____ Denied _____

Karen Gallaher
City Administrator

Date