



ALCOHOL PERMIT APPLICATION

PLEASE CHECK ONE: NEW RENEWAL

DATE: _____

TYPE OF BUSINESS: _____
(RESTAURANT, CONVENIENCE / GROCERY STORE, ETC.)

BUSINESS NAME: _____

MAILING ADDRESS: _____
(STREET NUMBER & NAME) (CITY, STATE) (ZIP CODE)

BUSINESS LOCATION

ADDRESS: _____
(STREET NUMBER & NAME) (CITY, STATE) (ZIP CODE)

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

TABC LICENSE NUMBER: _____

TABC LICENSE EXPIRATION DATE: _____

APPLICANT'S NAME: _____
(PLEASE PRINT CLEARLY)

APPLICANT'S SIGNATURE: _____

NOTE: PLEASE INCLUDE A COPY OF CURRENT TABC LICENSE. EXPIRED TABC LICENSE AND/OR ALCOHOL PERMIT WILL RESULT IN IMMEDIATE CLOSURE OF ESTABLISHMENT.

FOR OFFICE USE ONLY	
PROCESSED BY:	_____
	SIGNATURE DATE
FEE:	_____
APPROVED:	DENIED: _____
HEALTH OFFICIAL SIGNATURE:	_____
COMMENTS:	_____ _____ _____