



RENEWAL APPLICATION FOR ALCOHOLIC BEVERAGES

Business Name:	_____
Business Address:	_____
Business Phone:	_____
Type of Business:	_____

SECTION 1: APPLICANT / OWNER INFORMATION

Store Manager:	Point of Contact:
Address:	City, State, Zip Code:
Telephone:	Email Address:
Owner:	Telephone:
Address:	City, State, Zip Code:
Telephone:	Email Address:

SECTION 2: FEE SCHEDULE

	TYPE OF PERMIT	STATE PERMIT NUMBER	AMOUNT DUE
	BF – Malt Beverage Off-Premise	BF -	\$60.00
	BG- Wine & Malt Beverage Retailer	BG-	\$175.00
	BQ - Wine & Malt Beverage Retailer	BQ -	\$60.00
	MB – Mixed Beverage (Initial 2 years)	MB-	\$1,125.00
	MB – Mixed Beverage (Add. 2 year renewals)	MB-	\$750.00
	MB – Mixed Beverage (1 st 2 year renewal)	MB-	\$1,500.00
	P - Package Store Permit	P -	\$500.00
	Q – Wine Only	Q -	\$75.00
	Other		
		TOTAL	

Applicant's or Owner's Signature: _____

1. Please attach a current copy of the driver's license for the store manager.
2. A copy of your State issued TABC permit.
3. The City of Kaufman's permit fees.