



ALCOHOLIC BEVERAGE APPLICATION

LOCATION INFORMATION

Type of License/Permit

<input type="checkbox"/>	BQ - Wine & Beer Off-Premise	State Permit #:	BQ -
<input type="checkbox"/>	BF - Beer Off-Premise	State Permit #:	BF -
<input type="checkbox"/>	Q - Wine Only	State Permit #:	Q -
<input type="checkbox"/>	P - Package Store Permit	State Permit #:	P -
<input type="checkbox"/>	Other	State Permit #:	

Indicate Primary Business at this Location

<input type="checkbox"/>	Grocery/Market	<input type="checkbox"/>	Convenience Store with Gas
<input type="checkbox"/>	Liquor Store	<input type="checkbox"/>	Convenience Store with out Gas
<input type="checkbox"/>	Gas Station	<input type="checkbox"/>	Other: _____

Trade Name of Location: _____

Location Address: _____

Mailing Address: _____

Business Phone: _____ Email Address: _____

OWNER INFORMATION

Type of Owner

<input type="checkbox"/>	Individual	<input type="checkbox"/>	Limited Liability Partnership	<input type="checkbox"/>	Joint Venture
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Trust
<input type="checkbox"/>	Limited Partnership	<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	City/University
<input type="checkbox"/>	Other: _____				

Owner of Business/Applicant: _____

Who Must Be Indicated Below (attach additional page if needed)

State ID Must Be Attached!

Individual / Individual Owner
Partnership / All Partners

Corporation / All Officers

Limited Liability Company/All Officers or Managers
Limited Liability Partnership/All General Partners

	Last Name	First Name	MI	Title
1.				
2.				
3.				
4.				

MEASUREMENT INFORMATION

Will your business be located within 300 feet of a church or public hospital? Yes No
NOTE: For churches or public hospitals, measure from front door to front door, along the property lines of the street fronts and in a direct line across intersections.

Will your business be located within 300 feet of any private/public school, day care center or child care facility? Yes No
NOTE: If "YES," are the facilities located on different floors or stories of the building? Yes No
For private/public schools measure in a direct line from the nearest property line of the school to the nearest property line of the place of business, and in a direct line across intersections.

Will your business be located within 1,000 feet of a private school? Yes No
Will your business be located within 1,000 feet of a public school? Yes No

Applicants Who Must Sign: State ID must be attached!

Individual / Individual Owners; Partnership / All Partners; Corporation / All Officers; Limited Liability Company/All Officers or Managers; Limited Liability Partnership/All General Partners.

1st APPLICANT'S SIGNATURE:

Date:

2nd APPLICANT'S SIGNATURE:

Date:

3rd APPLICANT'S SIGNATURE:

Date:

4th APPLICANT'S SIGNATURE:

Date:

5th APPLICANT'S SIGNATURE:

Date:

STATE OF TEXAS

COUNTY OF KAUFMAN

_____, personally appeared before me, and being first duly sworn declared that, he/she signed this application in the capacity designated and further states that, he/she has read the above application and the statements contained therein are true.

Subscribed and sworn to before me this _____ day of _____, year of _____.

Notary Public Signature:

Notary Public Printed Name:

My Commission Expires:

FOR OFFICE USE ONLY:

Background Check Completed

Send Protest To TABC Yes No

Police Department Signature: _____ Date: _____

City Secretary Signature: _____ Date: _____

Date Issued: _____ Date Denied: _____ Permit Expires: _____

Date Paid: _____ Amount: _____ Receipt Number: _____