



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 ☐

If "YES," are the facilities located on different floors or stories of the building? Yes ☐ No ☐

NOTE: 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.

1 st APPLICANT'S SIGNATURE:	_____	Date:	_____
2 nd APPLICANT'S SIGNATURE:	_____	Date:	_____
3 rd APPLICANT'S SIGNATURE:	_____	Date:	_____
4 th APPLICANT'S SIGNATURE:	_____	Date:	_____
5 th 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 <input type="checkbox"/>	No <input type="checkbox"/>
Police Department Signature: _____	Date:	_____	
City Secretary Signature: _____	Date:	_____	
Date Issued: _____	Date Denied: _____	Permit Expires:	_____
Date Paid: _____	Amount: _____	Receipt Number:	_____