



City of McAllen

Planning Department

VARIANCE TO CHAPTER 6 OF THE ALCOHOLIC BEVERAGE CODE

1300 Houston Avenue
McAllen, TX 78501
P. O. Box 220
McAllen, TX 78505-0220
(956) 681-1250
(956) 681-1279 (fax)

Project	<p>Legal Description _____</p> <p>Subdivision Name _____</p> <p>Street Address _____</p> <p>Number of lots _____ Gross acres _____</p> <p>Existing Zoning _____ Existing Land Use _____</p> <p>Reason for the Request (please use other side if necessary) _____</p> <p>_____</p> <p><input type="checkbox"/> Site Plan <input type="checkbox"/> Floor Plan <input type="checkbox"/> Applicant's Request to Include the Type of Permit being Requested from the Texas Alcoholic Beverage Commission (TABC)</p>
Applicant	<p>Name _____ Phone _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>
Owner	<p>Name _____ Phone _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>
Authorization	<p>To the best of your knowledge are there any deed restrictions, restrictive covenants, etc. which would prevent the utilization of the property in the manner indicated?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable) OR I am authorized by the actual owner to submit this application and have attached written evidence of such authorization.</p> <p>Signature _____ Date _____</p> <p style="text-align: center;"><input type="checkbox"/> Owner <input type="checkbox"/> Authorized Agent</p>
Office	<p>Accepted by _____ Date _____</p>



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Reason for Request	
City Commission Action	
	Date of Meeting
