

CITY OF MCALLEN
ALCOHOLIC BEVERAGE LICENSE APPLICATION

Date: ___/___/___

___ New License

___ Renewal

Change of Ownership: ___

___ Address

___ Remodeling

___ License

___ Beer Retailers On Premises
___ Beer Retailers Off Premises
___ Beer & Wine Retailers On Premises
___ Beer & Wine Retailers Off Premises
___ Package Store - Wine Only Permit
___ Mixed Beverage
___ Late Hour Permit
___ Beverage Cartage

___ Wholesaler's Permit
___ Local Distributors Permit
___ Local Class "B" Wholesalers Permit
___ General Distributors
___ Beer-Wine & Malt Liquor
___ Local Cartage
___ Package Store
___ Importers

Business Name: _____

Business Phone: _____

Business Address: _____

Legal Description (Subdivision & Lot #) * REQUIRED: _____

Individual's Name: _____

Individual's Address: _____

Individual's Phone Number: _____ D.O.B: _____ Driver Lic. # _____ State: _____

Partner's Name: _____

Partner's Address: _____

Partner's Phone Number: _____ D.O.B: _____ Driver Lic. # _____ State: _____

Name and Contact # for application pick-up: _____

Previous Business Name: _____

Previous Owner(s): _____

FOR ADMINISTRATIVE OFFICE USE ONLY

☐ FEE REQUIRED

☐ NO FEE REQUIRED

	MONTH / DAY	APPROVAL	WITH CHGS	DISAPPROVAL	COMMENTS
Planning Dept.	_____	_____	_____	_____	_____ _____ _____ _____
Building Permits & Inspections	_____	_____	_____	_____	_____ _____ _____ _____
Health & Code Compliance	_____	_____	_____	_____	_____ _____ _____

Revised: 9/17/25