

TABC LICENSING APPLICATION REVIEW FORM

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 USE ONLY

FEE REQUIRED
(No Food Permit)

NO FEE REQUIRED
(Food Permit Issued)

Date _____

Verified By: _____

Zoning Compliance
(Planning Dept.) _____

YES: _____ NO: _____

Initials: _____

Food Permit
(Health & Code) _____

YES: _____ NO: _____

Initials: _____

Issued Date
(Submit Copy): _____