

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): _____