



Permit Number

APPLICATION

ALCOHOLIC BEVERAGE PERMIT

Please include current copy of TABC license with application

Required Attachments

- Copy of current TABC license

Applicant Information

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____ Applicant Email: _____

Business Name: _____

Business Address: _____

Property Owner Information (If different than applicant)

Owner Name: _____

Owner Address: _____

Owner Phone: _____ Owner Email: _____

Permit Information

- Wine and beer retailer’s off-premise permit (\$30.00)
- Alcoholic beverage permit (fee for 2-year permit is one-half of the corresponding TABC fee)

If you selected “Alcoholic beverage permit,” please select appropriate boxes below

- Mixed beverage permit
- Packaged alcohol store permit
- Retail dealer’s on-premise license
- Wine and beer retailer’s permit

Applicant Agreement

Signature of Applicant: _____ Date: _____