



Permit Number

# APPLICATION

## ALCOHOLIC BEVERAGE PERMIT

**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**

*By signing below, I acknowledge that I have read and completed all applicable requirements. I understand that if I have submitted an incomplete or false application, my application may be rejected and that the fee is nonrefundable.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_