



PLANNING & CODES

ALCOHOL LICENSE

Establishment Name: _____

Type of Establishment: _____

(Example: Restaurant, Ice House, Bar, Grocery, Warehouse)

Establishment Location: _____

Owner's Name: _____

Billing Address: _____

E-Mail Address: _____

Phone: _____

Signature: _____ Date: _____

A copy of your TABC license will need to be submitted along with this application. Renewal will be due on the last day of the month in which the original license was issued. Application must be completed and fees paid before issuance of license.

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OFFICE USE ONLY

| |
|----------------------------|
| License Number: |
| Type of License(s): |
| Amount Paid: |
| Expiration Date: |