



ALCOHOLIC BEVERAGE APPLICATION

DATE: _____ APPLICANT NAME: _____

ESTABLISHMENT NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NUMBER OF EMPLOYEES: _____

MAIN OFFICE/OWNER INFORMATION

NAME: _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

PLEASE CHECK ONE:

- BEER ONLY BEER & WINE WINE ONLY MIXED BEVERAGE LATE HOURS
- BEVERAGE CARTAGE PERMIT PRIVATE CLUB EXEMPTION CERTIFICATE PERMIT MIXED BEVERAGE PERMIT WITH FOOD BEVERAGE CERTIFICATE
- RETAIL DEALER'S ON-PREMISE LICENSE WITH FOOD AND BEVERAGE CERTIFICATE WINE AND BEER RETAILER'S PERMIT WITH FOOD AND BEVERAGE CERTIFICATE

ANNUAL PERMIT FEES

TABC FEES: _____