



## Alcohol Permit Checklist / Acknowledgment

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- City of Farmersville Signed and Completed Alcohol Permit Checklist / Acknowledgment
- City of Farmersville Completed Alcohol Permit Application
- T.A.B.C Permit Application (New Applicants)
- Copy of T.A.B.C. issued Alcohol Sales Permit with expiration date (Renewal)
- City Permit Fee(s)\*\*
- I understand that applications can take 1 to 2 weeks to process and I am required to complete an application and pay fees every year by January 1<sup>st</sup>.
- I have reviewed the checklist and all submittals for completeness and accuracy. I attest that the above information has been provided. If application submittal is determined to be incomplete, additional fees may be assessed.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\*\* Please note: The T.A.B.C. Fee Schedule attached is for a two year period. The City of Farmersville charges their fees annually. Please call city hall if you have questions about the correct fee amount.

— DISCOVER A TEXAS TREASURE —



## Application for Annual Alcohol Permit

Completed applications should be filed with  
the Office of the City Secretary, 205 S. Main  
Street, Farmersville, Texas 75442

**Date:** \_\_\_\_\_ **Business Known As:** \_\_\_\_\_  
(Name of Business as you would like it to appear on the permit)

**Applicant Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(Name of person authorized to apply for permit/or permit service)

**Applicant Address:** \_\_\_\_\_

**Applicant Email:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(Legal Owner of the Business)

**Owner's Address:** \_\_\_\_\_

**Owner's Email:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
(Physical Location of the Business)

**Legal Description:** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

**Permit Mailed to:** Applicant \_\_\_\_\_ Owner \_\_\_\_\_ Business \_\_\_\_\_ (Please Check One)

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**Farmersville Local Alcohol Permit Number(s):** \_\_\_\_\_ (For Annual Renewals Only)

**Application is for:**

\_\_\_\_\_ **Original/New Permit**

\_\_\_\_\_ **Annual Renewal Permit (Copy of Current TABC License Needed)**

**Type of Permit(s):** \_\_\_\_\_ (See Fee Schedule Attached)

**Total Fee(s):** \_\_\_\_\_ (See Fee Schedule Attached/Fee is one-half of TABC Fee)

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**Comments or Special Conditions:**

\_\_\_\_\_  
\_\_\_\_\_



## Application for Annual Alcohol Permit

### FOR CITY USE ONLY

Is the property located in an area zoned for the above requested permit?

Yes  No Zoning Designation: \_\_\_\_\_

Are the appropriate fees included with the application?  Yes  No

### Distance Requirements:

The legal sale of beer and wine for off-premise consumption only.

300 feet of a religious institution	<input type="checkbox"/> Yes	<input type="checkbox"/> No (measured front door to front door)
300 feet of a public hospital	<input type="checkbox"/> Yes	<input type="checkbox"/> No (measured front door to front door)
300 feet of a public/private school	<input type="checkbox"/> Yes	<input type="checkbox"/> No (measured property line to property line)

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### Zoning and distance information submitted by:

Name of Staff: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

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### City Secretary's Office

Application:  Certified  Unable to Certify Reason \_\_\_\_\_

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City Secretary

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Date