CITY OF DESOTO ALCOHOL PERMIT APPLICATION
PROCEDURES AND INFORMATION

In order to provide certification of your TABC paperwork, you must follow this process:

- Complete a City of DeSoto Alcoholic Beverage Permit.
    - A map of the proposed location will be provided by the Planning Department along with a spreadsheet, on which the applicant will note the businesses/schools/churches/hospitals surrounding the location.
    - Return this documentation to the Planning Department.
    - Once this information has been received, distance requirements will be verified.
- The City Secretary's Office will notify applicant of the outcome of the distance requirement verification. If distance requirement is not met, the process ends.
- If application is for a Beer and Wine Sales Establishment (75% or more revenue is generated from beer/wine sales), a Specific Use Permit (SUP) is required. Submit SUP application along with all required paperwork and fees to the Planning Department. If SUP is denied, process ends.
- If distance requirement is met and SUP has been approved (if required), applicant will submit completed TABC pre-qualification paperwork for certification by the City Secretary. Paperwork must be certified by the Comptroller of Public Accounts. The City of DeSoto will not accept an application that does not meet this requirement. ***NO ORIGINAL TABC PRE-QUALIFICATION PAPERWORK WILL BE ACCEPTED PRIOR TO THIS STEP.*** A copy may be submitted for informational purposes.

The City of DeSoto collects local fees according to the state schedule (two-year renewal). Fees have been assessed at one-half ½ the amount of the state fee in accordance with the Texas Alcoholic Beverage Code (TABC) and are non-refundable.

If you should have any questions, please feel free to contact:

Office of the City Secretary	972-230-9646
Planning Department	972-230-9622

CITY OF DESOTO
ALCOHOLIC BEVERAGE PERMIT APPLICATION

☐ **New Application**
☐ **Renewal Application**
☐ **Change of Ownership**

☐ **MB PERMIT (MIXED BEVERAGE PERMIT & MIXED BEVERAGE W/ FB)**
☐ **BG PERMIT (WINE AND BEER RETAILER'S PERMIT WITH FB)**
☐ **LB (MIXED BEVERAGES LATE HOURS)**
☐ **BQ PERMIT (WINE AND BEER RETAILER'S OFF-PREMISE)**
☐ **OTHER (PLEASE SPECIFY)** _____

☐ **SALES OF BEER AND WINE WILL CONSTITUTE MORE THAN 75% OF LOCATION'S REVENUE. (SUP required – see Planning Department for requirements)**

PLEASE PRINT OR TYPE THE FOLLOWING:

APPLICANT NAME: _____

NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

CONTACT NAME: _____

CONTACT TELEPHONE NUMBER: _____

CONTACT E-MAIL: _____

SIGNATURE: _____

I hereby certify that I completed the Land Use Survey that denotes the uses that exist within 300 feet of the store located at _____. Furthermore, I certify that the uses listed were identified in the field and correctly listed. I also certify that there are no churches, public or private schools (100 plus students enrolled for a private school), or public hospitals within 300 feet of the address denoted above. Finally, I certify that I received the requirements regarding how the distance should be measured for each use listed above.

Name of person who completed the Land Use Survey (please print) _____
Signature of person who completed the Land Use Survey _____

FOR CITY USE ONLY

DEVELOPMENT SERVICES DEPARTMENT REVIEW

Is the property properly zoned for the above requested permit?

☐ **Yes** ☐ **No**

Zoning Designation: _____

DISTANCE REQUIREMENTS:

The requested permit appears to be located within:

300 feet of a Church	**☐Yes**	**☐No**
300 feet of a Public Hospital	**☐Yes**	**☐No**
300 feet of a Public School	**☐Yes**	**☐No**

Does the Application Meet Permit Requirements?

☐ **Yes** ☐ **No**

Signature: _____ **Date:** _____

Title: _____

Comments: _____

_____

OFFICE OF THE CITY SECRETARY

DEPOSIT #: 101-43150-000-000 *(FOR FINANCE)*

IF REQUIRED, SUP#:

DATE APPROVED: _____