Pemit To Operate Application

City of Nolanville
101 N 5th St. Nolanville, TX 76559
Phone: (254) 698-6335/ Fax: 254-698-2540
Email Application to cityhall@nolanvilletx.gov

****PLEASE ENSURE WE HAVE A COPY OF YOUR CURRENT INSURANCE****

☐ **RENEWAL** **Date:** _____
☐ **NEW BUSINESS**

NAME OF BUSINESS (DBA): _____

PHONE #_____ FAX #_____ OTHER#_____

LOCATION OF BUSINESS: _____

MAILING ADDRESS (if different than location): _____

TYPE OF BUSINESS (detail description):_____

WILL THIS LOCATION BE SELLING, DITRIBUTING, OR ENGAGING IN ANY ACTIVITY FOR WHICH A LICENSE OR PERMIT IS REQUIRED BY THE TEXAS LIQUOR CONTROL ACT:

☐ YES: (Please complete alcohol license permit application)
☐ NO: (Please make sure no other permit application is needed)

Texas Sales Tax ID#:_____Email:_____

BUSINESS OWNER: _____

MAILING ADDRESS: _____

PHONE#_____FAX#_____OTHER#_____

EMAIL _____

BUILDING OWNER (if different from business owner): _____

PHONE#_____ EMAIL_____

_____ _____ _____
SIGNATURE OF APPLICANT **TITLE** **DATE**

For Completion by City Personnel:

License#:_____ Effective Date: _____ Expires:_____