CITY OF EMORY
PO BOX 100 / 399 N TEXAS ST.
EMORY, TEXAS 75440
903-473-2465

ALCOHOL BEVERAGE PERMIT APPLICATION

DATE: _____ ___ NEW PERMIT ___ BI-ANNUAL RENEWAL PERMIT #: _____

APPLICANT NAME: _____ BUSINESS NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

BEVERAGE INFORMATION: (CHECK ONE)

_____ THE LEGAL SALE OF MALT BEVERAGE, WINE, AND LIQUOR FOR OFF- PREMISE CONSUMPTION ONLY.

_____ THE LEGAL SALE OF MIXED BEVERAGES IN RESTAURANTS BY FOOD AND BEVERAGE CERTIFICATE HOLDERS ONLY.

TABC INFORMATION: CURRENT TABC LICENSE # _____

CHECK ONE:

____ BQ (wine and malt bev. retailer's off- premise permit) ____ Q (wine- only package store permit)

____ P (package store permit) ____BG (wine and malt bev. retailer's permit)

____ MB (mixed beverage permit and mixed beverage w/ food & beverage)

APPLICATION AND PERMIT FEES MUST BE PAID AT THE TIME OF THE APPLICATION AND ARE NON-REFUNDABLE. A COPY OF THE TEXAS ALCOHOLIC BEVERAGE COMMISSION(TABC) CERTIFICATE MUST BE SUBMITTED WITH APPLICABLE PERMIT FEES PRIOR TO ISSUANCE OF CITY OF EMORY ALCOHOLIC BEVERAGE PERMIT.

SIGNATURE: _____ DATE:_____

CITY USE ONLY:

ZONING: IS THIS PROPERTY PROPERLY ZONED FOR THE ABOVE REQUESTED PERMIT?

___ YES ___ NO ZONING DESTINATION: _____

DISTANCE REQUIREMENTS: THE LEGAL SALE OF BEER, WINE AND LIQUOR FOR OFF-PREMISE CONSUMPTION ONLY

THE REQUESTED PERMIT APPEARS TO BE LOCATED WITHIN THE FOLLOWING USES.

300 ft of a Religious Institution	____ YES	____ NO	(Measured front door to front door)
300 ft of a Public Medical Facility	____ YES	____ NO	(Measured front door to front door)
300 ft of Childcare	____ YES	____ NO	(Measured front door to front door)
300 ft of a Public/Private School	____ YES	____ NO	(Measured front door to front door)

FOR OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____ PERMIT FEE: _____ __CHECK __CASH __CC
ISSUED BY: _____ DATE: _____

Created by ED 1/8/26