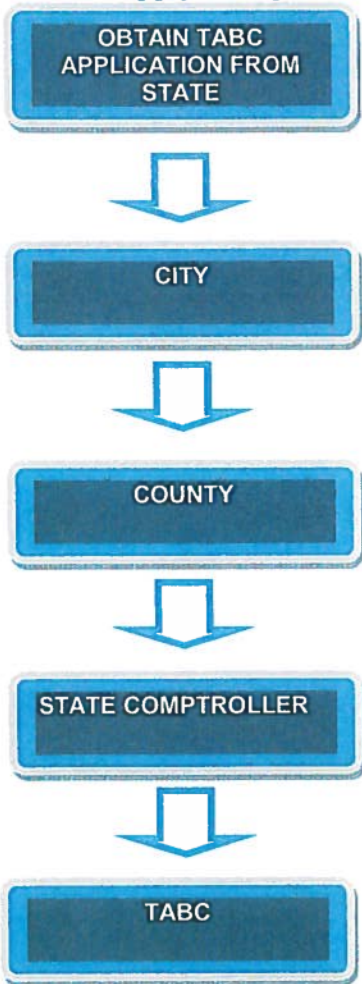




www.lindaletx.gov

Alcohol Sales-Business Owner Application Process

How to apply for a permit?



- (1) The first step in the application process will be to download the permit application from the TABC website, www.tabc.state.tx.us
- (2) The applicant will then submit the completed TABC application and a permit fee of half of the cost of the TABC permit to the Community Development Department. The City will review your application, ensuring compliance with City ordinances, including zoning site inspection and distance requirements.
- (3) The next step in the process will be for the applicant to pick up the TABC permit application from the City of Lindale Community Development Department and submit it to Smith County for review. We recommend that at this time you post your ad in Lindale Times Newspaper for (2) consecutive weeks per TABC requirements. This will help expedite your application process.
- (4) Following approval from Smith County, the State Comptroller reviews the application and once signed, the applicant shall then,
- (5) Submit it to the TABC for review. Following the TABC review and approval TABC will then meet with the applicant and provide required materials and the permit.

How long will it take to receive a permit?

TABC has stated that once they receive the permit their average review time is 35- 42 days. This does not include steps 1-4.

It is difficult to pinpoint an overall timeline because there are so many different entities involved in the approval process, per State law requirements.

The City is just step one in the overall process. The filing of any protest to the application through TABC pursuant to State law could also affect the timeline.



CITY OF LINDALE
Application for Alcoholic
Beverage Permit

Date: _____

Applicant's Name: _____

Name of Establishment: _____

Address of Establishment: _____ (include Suite # if applicable)

Applicant's Contact Business Phone Number: _____ Cell: _____

Applicant's Email: _____

Effective October 7th, 2014 the City of Lindale approved Ordinance No. 14-2014 establishing that the City fee (one half of the State fee) is due upon establishment or renewal of the state fee. All City fees will be collected in accordance with the Texas Alcoholic Beverage Code Section 11.38.

APPLICATION IS FILED FOR: (Check either #1 Off Premise or #2 On Premise)

_____ #1 **OFF-PREMISE (BQ, BF, Q):** The legal sale of beer and wine for off-premise consumption only. Please answer a) and b)

- a) Will this facility have drive-up or drive-through service? ☐ Yes ☐ No
If "yes"
- b) Will this facility derive more than 75% of its gross revenue from the sale of beer and/or wine? ☐ Yes ☐ No

_____ #2 **ON-PREMISE (BG, BE, MEB, FB, RM, LB):** The Legal sale of mixed beverages/beer & wine in restaurants by food and beverage certificate holders only.
* (RM- Must have Food/Beverage Permit)

Applicant's Signature

Date

State of Texas

County of _____

_____, personally appeared before me, and being first duly sworn declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements therein contained are true.

Notary Public's Signature

FOR CITY USE ONLY

ZONING

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

(Check Applicable fees on attached Fee Schedule)

DISTANCE REQUIREMENTS:

Check applicable request

___ THE LEGAL SALE OF BEER AND WINE FOR OFF-PREMISE CONSUMPTION ONLY

The requested permit appears to be located within the following uses.

300 feet of a religious institution ___ Yes ___ No (measured front door to front door)

300 feet of a public hospital ___ Yes ___ No (measured front door to front door)

300 feet of a public or private school ___ Yes ___ No (measured from property line to
property line)

300 feet of daycare/childcare facility ___ Yes ___ No (measured front door to front door)

Approved

Signature of Community Development

Date

DISAPPROVED by _____

SEE MARKED ITEM ABOVE FOR REASON OF

Date