



ALCOHOL BEVERAGE PERMIT APPLICATION

Applicant is applying for: ☐ Original/New ☐ Biennial Renew

Date: _____

Applicant Name: _____

Business Name: _____

Business Address: _____

Contact Phone No.: _____ E-mail: _____

TABC Permit No. _____

A City Alcoholic Beverage Permit will not be issued without a copy of the Texas Alcoholic Beverage Commission (TABC) Permit for the business applicant.

Type of Permit:

- ☐ BQ WINE AND BEER RETAILER'S OFF-PREMISE PERMIT
- ☐ RM MIXED BEVERAGE RESTAURANT PERMIT WITH FOOD & BEVERAGE CERTIFICATE
- ☐ Other _____

By signing below I certify that all of the above information is true and correct and that I am subject to visits from the City Code Enforcement Officer, and that my Alcoholic Beverage Permits for the State of Texas and City of Winnsboro both, should always be in a place visible to the public or I may be subject to citations and/or fines not to exceed the limit established by the State of Texas.

Applicant Signature

Date

Office use below this line

CODE ENFORCEMENT OFFICER VERIFICATION

1. Is the location at least 300 feet away from churches, public schools, private schools, daycares, or public hospitals? YES ____ NO ____
2. Is the property where alcoholic beverages will be sold located in a “wet” area?
YES ____ NO ____
3. Is the use described by the applicant permitted in the zoning classification that the business is located? YES ____ NO ____

Property Zoned as:

Building / Code Enforcement Officer

Date

CITY SECRETARY’S CERTIFICATION

APPROVED: _____ **REJECTED:** _____ **DATE:** _____

City Secretary

Date