



ALCOHOL BEVERAGE SALES PERMIT APPLICATION

City of White Oak
906 S. White Oak Rd.
White Oak, TX 75693
(903) 759-3936

(Please print clearly)

Part 1. Business Information		Part 2. Applicant's Information	
Date:		Name of Applicant:	
Name of Business:		Street Address of Applicant:	
Street Address:		City / State / Zip	
City / State / Zip		Applicant's Telephone Number:	
Business Telephone Number:		Applicant's Status: Owner <input type="checkbox"/> Agent <input type="checkbox"/>	
Part 3. Permit Classification and Documents Required			
<input type="checkbox"/> BQ - Beer & Wine for Off-Premise Consumption Only <input type="checkbox"/> BF - Beer for Off-Premise Consumption Only <input type="checkbox"/> Q - Wine Package Store Only		<input type="checkbox"/> Initial Permit (attach a copy of the following) ___ A valid and current TABC Wine & Beer Retailer's Permit <input type="checkbox"/> Renewal Permit (attach a copy of the following) ___ A valid and current TABC Wine & Beer Retailer's Permit	
Part 4. Applicant's Certification			
<p>To the best of my knowledge, I hereby certify that the information contained on this application form is correct and have acknowledged the disclaimer below.</p>			
Printed Name _____		Signature _____	
Part 5. For Office Use Only			
Permit Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Zoning and Distance Requirement Verification:	
Date Owner / Application Notified:		Fees: Off-premise: \$30.00 City Application: \$150.00	
Permit Expires:			

Disclaimer:

I recognize that issuance of this permit is not the only permit required by the City of White Oak to open a new business. A Certificate of Occupancy (Safety Permit) is also required if this is a new establishment. I also recognize that this application will be processed through White Oak's alcohol permit verification process, which will determine whether the business meets all applicable local option election regulations and zoning restrictions. I acknowledge that to receive the permits from the City of White Oak, my business must comply with all state and local regulations, including zoning regulations. I further agree that the operation of this business, which is the subject of this application, shall at all times fully and strictly comply with all federal, state, and local laws.

APPLICATION ROUTING & REVIEW: FOR CITY USE ONLY

A. City Secretary

_____ INITIAL APPLICATION _____ RENEWAL APPLICATION (skip to F)

- _____ Application Filed (Date) _____
- _____ Application Fee Paid
- _____ Application is Complete
- _____ TABC Prequalification Packet is Provided
- _____ Business is located within corporate limits as of 05/16/17

SIGNED: City Secretary _____

Application referred for City Coordinator _____
(Date & Initial)

B. City Coordinator

Application referred by City Secretary on _____ *(date)*

Verify the statement. If statement is true, check the blank.

- _____ 1. Church: Business is not located within 200' (front door to front door).
- 2. Public Hospital: Business is not located within 200' (front door to front door).
- _____ 3. Public School: Business is not located within 200' (front door to front door).
- 4. Private School: Business is not located within 200' (front door to front door).
- _____ 5. Zoning District _____

SIGNED: _____

Application referred to Fire Marshal on _____
(Date & Initial)

C. Fire Marshal

Application referred by City Coordinator on _____ *(date)*

Per applicable codes: _____ *(signature)*

Application referred to Building Inspector on _____
(Date & Initial)

D. Building Inspector

Application referred by Fire Marshal on _____ *(date)*

Per applicable codes: _____ *(signature)*

Application referred to City Secretary on _____
(Date & Initial)

E. City Secretary

Application referred by Building Inspector on _____ (date)

*If any of the above states are not true AND a variance has not been obtained, the permit application shall be denied. Notify applicant of variance procedures.

____ Sign packet and prepare file copy

Return TABC Prequalification Packet to Applicant _____
(Date & Initial)

F. City Secretary

Renewal Certificate Date _____
