



APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Date: _____ TABC License Number: _____

Business Name: _____

Business Address: _____

Owner's Name: _____ Phone: _____

Completed license should be mailed to: Applicant Owner Business

Type of license applied for:

- New License Annual Renewal License
- BF Beer Retailer's Off Premise License \$60 for 2 years
- BG Wine and Beer Retailer's Permit \$175 for 2 years
- BQ Wine and Beer Retailer's Off Premise Permit \$60 for 2 years
- FB FOOD & Beverage Certificate \$100 for 2 years
- MB Mixed Beverage Permit \$750 for 2 years

I, _____, am aware of the City of Meadows Place Ordinance governing the sale of alcoholic beverages within the City of Meadows Place and I agree to abide by the same.

Applicant Signature & Date Applicant's Printed Name & Phone No.

******* For Office Use Only *******

Received By and Date: _____

Verification of current TABC License & Expiration Date: _____

TABC LIQUOR PERMIT CODES: _____

Fees Due: _____ Meadows Place Alcohol Permit Number: _____

Date Issued: _____ Date Mailed: _____