



**CITY OF ANDREWS
APPLICATION FOR ALCOHOLIC
BEVERAGE PERMIT**

APPLICANT'S NAME: _____

(This must be the same name as it appears on the TABC Application)

NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

ANDREWS, TX 79714

APPLICANT'S CONTACT PHONE NUMBER: _____

APPLICATION IS FILED FOR:

- 1. THE LEGAL SALE OF BEER AND WINE FOR OFF-PREMISE CONSUMPTION ONLY (BQ).
- 2. THE LEGAL SALE OF BEER FOR OFF-PREMISE CONSUMPTION ONLY (BF).
- 3. THE LEGAL SALE OF WINE AND BEER IN RESTAURANTS (BE), (BG) AND (FB)
- 4. THE LEGAL SALE OF MIXED BEVERAGES IN RESTAURANTS BY FOOD AND BEVERAGE CERTIFICATE HOLDERS ONLY (RM).

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

If you make a false statement on this form you could be found guilty of a Class A Misdemeanor or a State Jail Felony under Texas Penal Code, Section 37.10.

I recognize that issuance of this permit is not the only permit required by the City to open the business. Applications for a building permit is also required (if new establishment). I also recognize that this application will go through the City of Andrews' 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 my proposed business must comply with all state and local regulations, including zoning regulations.

I also acknowledge that changing the operation of my business (i.e. the type of alcohol sold, the location of where such alcohol is consumed, the amount of revenue collected from alcohol sales, the types of licenses that my business holds, etc.) may affect how my business is classified under the Texas Alcoholic Beverage Code and/or City of Andrews' zoning ordinance. I further recognize and agree that a change in classification may mean that my business becomes an illegal use under City of Andrews' Zoning Ordinance and may be subject to other administrative and legal penalties.

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.

Applicant Signature _____ Date: _____

FOR CITY USE ONLY

ZONING REQUIREMENTS:

The City of Andrews prohibits the sale of alcoholic beverages in single family and residential zones. All retailers of alcoholic beverages in the city limits of the City of Andrews are restricted to Central Business, Local Retail, General Commercial, Light and Heavy Industrial zones.

Is the property located in an area zoned for the above-requested permit?

Yes No Zoning Designation: _____

DISTANCE REQUIREMENTS:

The measurement of distances shall be according to the Texas Alcoholic Beverage Code. The Building Inspector will measure distances for compliance with City Ordinance No. 1535.

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

- 300 feet of a religious institution (front door to front door along PL of front streets) Yes No
- 300 feet of a public hospital (front door to front door along PL of front streets): Yes No
- 300 feet of a public or private school (PL to PL): Yes No
- 300 feet of a day-care center or child-care facilities (PL to PL): Yes No

Zoning and distance information submitted by:

Name of Staff: _____

Department: _____

Date: _____

CITY SECRETARY'S OFFICE

Application: approved denied by: _____

Date: _____ Fee: _____