



APPLICATION FOR A FOOD ESTABLISHMENT PERMIT &/OR ALCOHOL LICENSE

Town of Lakeside
9830 Confederate Park Rd.
Lakeside, Texas 76108
817-237-1234 ext.307
817-238-9187 (F)

PART 1. BUSINESS LOCATION

ADDRESS:

SUITE NUMBER:

BUSINESS PHONE NUMBER:

PART 2. BUSINESS OWNER INFORMATION

Business Name:

Business Owner:

Phone Number:

Business Owner DL#:

State Issued:

DOB:

Mail Address:

Fax:

City:

State & Zip Code:

Email:

PART 3. BUSINESS OWNER BACKGROUND

Are you Legally authorized to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

If YES, please list felony conviction(s), city, state and date of conviction(s):

PART 4. PROPERTY OWNER INFORMATION

Property Owner/Manager Name:

Contact Name:

Preferred Method of Contact:

Mail Address:

City, State & Zip:

Phone No.:

Fax No:

Email:

PART 5. CHECK ALL THAT APPLY

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Renewal | <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Change in Location |
| <input type="checkbox"/> Addition | <input type="checkbox"/> New Building | <input type="checkbox"/> Change in Tenant | <input type="checkbox"/> Change Owner of Business |
| <input type="checkbox"/> Change of Use | <input type="checkbox"/> Name of Business Change | | <input type="checkbox"/> New Tenant Finish Out (TFO) |

PART 6. CHOOSE ANY THAT APPLY OF THE FOLLOWING

- On Premise:**
- MB - Mixed Beverage**
- a) _____ less than **50%** of gross revenue derived from sales of alcoholic beverages
- b) _____ **50%** or more of gross sales derived from sales of alcoholic beverages
- LB - Mixed Beverage Late Hours**
- BE - Beer Retailers On-Premise License (food & beverage certificate required)**
- BG - Wine & Beer Retailers Permit (food & beverage certificate required)**
- BL - Retail Dealer's On-Premise Late Hours**
- Off Premise:**
- BF - Beer Retailer's Off-Premise License**
- BQ - Wine & Beer Retailer's Off-Premise License**
- Location Address _____
- Primary Business at this Location _____

PART 7. PRIMARY BUSINESS AT THIS LOCATION

- Restaurant Convenience Store w/Gas Bar Convenience Store w/out Gas
 Grocery Sexually Oriented Gas Station
 Other _____

PART 8. DO YOU CURRENTLY OWN AN ESTABLISHMENT OF THE SAME TYPE Yes No

If yes, give Location(s) _____

If applying for Mixed Beverage Permit / Beer Retailer's On Premise or Wine/Beer Retailer's On Premise Permit

Projected Yearly sales at the proposed licensed premise

Alcoholic Beverage Sales \$ _____

Food Sales \$ _____

Other Sales

_____ \$ _____

Total Sales \$ _____

Applicant agrees to provide annually, upon request of a city representative, sales tax returns separately showing revenue received annually from alcoholic beverage sales and from other revenues received.

PART 9. CHECK ALL THAT APPLY

- Alcoholic Beverages Food Products Vehicle Repair or Garage
 Outside Storage / Display Vehicles in Building Food and / or Beverage Processing, Storage or Sales
 Explosives or Ammunitions Recycling Waste Flammable or Combustible Liquids (10 Gallons or More)
 Magnesium Dust Producing Process Poisonous or Hazardous Chemicals and / or Acids
 Welding and Cutting Fireworks Liquid Propane Gas
 Storage Over 12ft. High Woodworking X-Ray Development
 Dry Cleaning (Flammable Solvents) Other Hazards (Specify)* _____

*Provide Chemical Data Sheets to the Building Inspection Department Listing the Maximum Quantity of all Hazardous Materials

PART 10. MUST ATTACH IF APPLICABLE:

- * TEXAS ALCOHOLIC BEVERAGE COMMISSION LICENSE
- * TEXAS DEPARTMENT OF STATE HEALTH SERVICES LICENSE
- * TEXAS SALES AND USE TAX PERMIT
- * TEXAS FOOD HANDLERS PERMIT

I authorize the Town of Lakeside to verify with the appropriate state agencies all sworn copies of state sales tax returns and state alcoholic beverage tax returns filed by the above named establishment and submitted to the Town Administrator. I hereby certify that to the best of my knowledge, the foregoing is true and correct and in compliance with the Town of Lakeside.

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY

Date Received: _____

Floor Plan Attached? Y or N _____

Received by: _____

On-Site Sign: Y or N _____

Zoning District: _____

Reviewed by: _____

Approved: _____ Date: _____

Application Fee \$ _____

Paid by _____

TABC# _____

Sales & Use Tax Permit # _____

Food Handlers License # _____

Dept. of State Health Services License #: _____