



FOOD/ALCOHOL PERMIT

PART 1. BUSINESS LOCATION			
ADDRESS:		SUITE NUMBER:	
BUSINESS PHONE NUMBER			
PART 2. BUSINESS OWNER INFORMATION			
Business Name:			
Business Owner:			
Mailing Address:			
City:	State:	Zip Code:	
Phone Number:	Fax Number:		
DL#:	DOB:	Email:	
PART 3. BUSINESS OWNER BACKGROUND			
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> 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:			
Mailing Address:			
City	State	Zip	Phone Number
Fax Number		Email	
Preferred Method of Contact			
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 of Use <input type="checkbox"/> Business Name Change <input type="checkbox"/> New Tenant Finish Out (TFO)			
PART 6. CHOOSE ANY THAT APPLY			
<input type="checkbox"/> On Premise <input type="checkbox"/> MB – Mixed Beverage <input type="checkbox"/> less than 50% of Gross revenue derived from sale of alcoholic beverages <input type="checkbox"/> 50% or more of Gross revenue derived from sale of alcoholic beverages <input type="checkbox"/> LB – Mixed Beverage Late Hours <input type="checkbox"/> BE – Beer Retailers On-Premise <input type="checkbox"/> BG – Wine & Beer Retailers <input type="checkbox"/> BL – Retailers Dealer’s On-Premise Late Hours			

PART 7. PRIMARY BUSINESS AT THIS LOCATION

Restaurant Convenience Store w/ Gas Bar Convenience Store w/out Gas
 Grocery 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, provide 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 revenue received.

PART 9. 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:

Received by:

Approved Denied Date:

Application Fee \$

Paid by:

TABC#

Sales & Use Tax Permit#

Food Handlers License #

Dept. of State Health Services License #