

**CITY OF LEFORS, TEXAS
APPLICATION FOR ALCOHOLIC BEVERAGE PERMIT**

Date: _____ Business Known As: _____
(name of business as you would like it shown on permit)

Applicant Name: _____ Phone: _____

Applicant's Address: _____

Owner's Name: _____ Phone: _____
(Legal Owner of the business)

Owner's Address: _____ Owner's Email Address: _____

Business Address: _____
(location of the business)

Legal Description: Lot _____ Block _____ Subdivision _____

Applicant's Signature: _____

_____ The Applicant by their signature hereon confirms full compliance with Ordinance 2015-0608 relating to property lines, buildings, measurements and 300 foot buffer.

_____ Applicant by their signature hereon confirms that they have received from the Texas Alcoholic Beverage Commission the Off-Premise Prequalification Packet.

_____ Applicant by their signature hereon confirms that they have received the Texas Alcoholic Beverage Commission Letter of Authority. A copy of the Letter of Authority is attached to this Application.

_____ A copy of Texas Alcoholic Beverage Commission (TABC) License or Certificate or Letter of Authority along with applicable permit fees will be submitted to the City of Lefors prior to issuance of a City of Lefors Alcoholic Beverage Permit.

Date received: _____

Submit Application to: City Secretary
101 N. Court St.
PO Box 383
Lefors, Texas 79054

Application is filed for:

- BQ- WINE AND BEER RETAILER'S OFF-PREMISES PERMIT (\$_____)
- BE- BEER RETAILERS ON PREMISE PERMIT (\$_____)
- BG- WINE AND BEER RETAILERS PERMIT (\$_____)
- RM- MIXED BEVERAGE RESTAURANT PERMIT WITH FOOD AND BEVERAGE CERTIFICATE (No fee Original, 1st and 2nd renewal) (\$_____)
- TEMPORARY PERMIT (ONE DAY PERMIT ONLY) (\$_____)
- Other: _____ (\$_____)
- Original/ New

- Annual Renewal _____

Comments or Special Conditions:

Complete applications must be filed with the Office of the City Secretary in Lefors, Texas or mailed to the City of Lefors at 101 N. Court St., PO Box 383, Lefors, Texas 79054. An application will not be accepted by the City Secretary unless this form is completely filled out, all required documentation has been submitted to the City Secretary, Applicant has fully complied with the City of Lefors Ordinance 2015-0608 and all application fees are paid in full. For additional information contact Office of the City Secretary (806) 835-2200.

FOR CITY STAFF ONLY:

Application and Permit Fee Paid: \$_____ Date: _____