



**CITY OF LAVON, TEXAS
APPLICATION
WINE AND BEER RETAILER'S OFF-PREMISE PERMIT (BQ)**

Date: _____

Applicant or Applicant's Representative: _____

Applicant Address: _____
Street Address City, State, Zip

Applicant Phone: _____ Email: _____

Business Name: _____

Business Known As (if different): _____

Business Location: _____
Street Address City, State, Zip

Business Owner: _____

Property Legal Description: _____

Property Owner Address: _____
Street Address City, State, Zip

Owner Phone: _____ Email: _____

Application: _____ New Original Permit
_____ Permit Renewal (Bi-Annual)

.....
_____ Survey provided; prepared and sealed by a Texas Registered Professional Land Surveyor showing property lines, buildings, measurements and 300 foot buffer

_____ Texas Alcoholic Beverage Commission Off-Premise Prequalification Packet Attached

_____ Non-refundable Administrative Processing Fee paid at the time of application.

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_____ Copy of the Texas Alcoholic Beverage Commission (TABC) Certificate along with applicable permit fees (see "Fee Schedule") must be submitted prior to issuance of a City of Lavon Wine and Beer Retailer's Off-Premise Permit Certificate. Received: date _____

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Submit Application to: City Secretary
P.O. Box 340
Lavon, Texas 75166

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FOR OFFICIAL OFFICE USE ONLY:

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

APPLICATION ROUTING and REVIEW FOR OFFICIAL INTERNAL OFFICE USE ONLY

A. City Secretary

_____ INITIAL APPLICATION _____ RENEWAL APPLICATION (*skip to D*)

- _____ Application Filed *date* _____
- _____ Application Fee Paid
- _____ Application is Complete
- _____ Survey is Provided
- _____ TABC Prequalification Packet is Provided
- _____ Business is located within corporate limits as of 11/02/2010.

SIGNED: City Secretary _____

Application referred to Public Works *date & Initial* _____

B. Public Works - Inspection

Application Referred by City Secretary on *date* _____

_____ Survey is Complete

Verify the statement. If statement is true, check the blank.

- _____ 1. Residential Area: Business is not located in a residential area.
- _____ 2. Church: Business is not located within 300' (front door to front door).
- _____ 3. Public Hospital: Business is not located within 300' (front door to front door).
- _____ 4. Public School: Business is not located within 300' (property line to property line).
- _____ 5. Private School: Business is not located within 300' (property line to property line).
- _____ 6. Day-Care/Child-Care Facility: Business is not located within 300' (property line to property line).

SIGNED: PW Representative _____

Application Referred back to City Secretary on: *date & Initial* _____

C. City Secretary

Application Referred by Public Works on *date* _____

* If any of the above statements are not true AND a variance has not been obtained, the permit application shall be denied. Notify Applicant of Variance Procedures.

_____ Sign Packet and prepare file copy

Return TABC Prequalification Packet to Applicant *date & Initial* _____

D. City Secretary

TABC Certificate Provided by Applicant *date* _____

_____ Permit Fee Paid

Provide Certificate to Applicant *date & Initial* _____

E. City Secretary

Mark Up Renewal Certificate Date