



CITY OF GALVESTON APPLICATION FOR ALCOHOLIC BEVERAGE PERMIT On and Off-PREMISES ONLY

TABC Application must be provided.

Office of the City Secretary

823 Rosenberg, Galveston, Tx 77550 PH. (409)797-3510

Applicant's Full Name _____ Date of Birth _____

Mailing Address _____ Phone # _____

___New Business/New Property Owner_Existing Business/ New Ownership

Please indicate the business type (check one)

Restaurant (51%of sales is food related) or Bar (51% of sales is alcohol related)

Please provide a copy of food permit if applicable for approval

There is a **\$9.00 administrative fee** for each type of permit requested on this form.

Specify all types of permits/licenses you are applying for on this form by checking the appropriate space (s)

Initial Information

1. Application for:

Original

<input type="checkbox"/> Reinstatement	License/Permit Number _____	<input type="checkbox"/> Reinstatement and Change of Trade Name	License/Permit Number _____
<input type="checkbox"/> Change of Location	License/Permit Number _____	<input type="checkbox"/> Change of Location and Trade Name	License/Permit Number _____

2A. Type of Off-Premise License/Permit

- BF** Retail Dealer's Off-Premise License
- BQ** Wine and Malt Beverage Retail Dealer's Off-Premise Permit
- ET** Third-Party Local Cartage Permit
- LP** Local Distributor's Permit
- P** Package Store Permit
- Q** Wine Only Package Store

2B. Type of On-Premise License/Permit

- BE** Retail Dealer's On-Premise License
- BG** Wine and Malt Beverage Retail Dealer's On-Premise Permit
- BP** Brewpub License
- E** Local Cartage Permit
- FB** Food and Beverage Certificate
- LH** Late Hours Certificate
- MB** Mixed Beverage
- RM** Mixed Beverage Permit with required Food and Beverage Certificate
- WP** Waterpark Permit TR Passenger Transportation Permit

2C. Type of Wholesaler's, Distributor's, or Manufacturer's License/Permit

- BB** General Distributor's License
- BC** Branch Distributor's License
- BW** Brewer's License
- D** Distillers and Rectifiers Permit - allows on-premise consumption
- G** Winery - allows on-premise consumption
- J** Bonded Warehouse
- JD** Bonded Warehouse (Dry Area)
- SD** Brewer's Self-Distribution License
- W** Wholesaler's Permit
- X** General Class B Wholesaler Permit
- Other

3. Trade Name of Location (Name of restaurant, bar, store, distribution company, etc.) _____

4. Location Address Street Number Street Name _____

City _____	County _____	State _____	Zip _____
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5. Mailing Address Street Number Street Name _____

City _____	State _____	Zip _____
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6. Business Phone _____	Alternate Phone _____	E-mail Address _____
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For On or Off – Premise Applicants: Please indicate Type at this Location.

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|--|---|---|--|
| <input type="checkbox"/> Bar | <input type="checkbox"/> Groceries Market | <input type="checkbox"/> Package Store | <input type="checkbox"/> Sexually Oriented |
| <input type="checkbox"/> Civic Center | <input type="checkbox"/> Hotel | <input type="checkbox"/> Public Entertainment Fac. (PEF as defined in Sec. 108. 73) | <input type="checkbox"/> Sporting arena |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Motel | <input type="checkbox"/> Restaurant | |
| <input type="checkbox"/> Delivery Company | <input type="checkbox"/> Movie Theater | | |

Applicant's Signature _____

Before me, The Undersigned Authority, on this day appeared _____ known to be the person whose name is subscribed to the foregoing instrument and, being by me first duly sworn, upon oath declared the at the statements and capacity acted in are true and correct.

SWORN TO AND SUBCRIBED before me on this _____ day of _____, 20_____.

Notary Public Signature _____ Commission Expires _____