

**CITY OF PLAINVIEW, TEXAS
APPLICATION AND DEPARTMENT REVIEW FORM
FOR
AN ALCOHOLIC BEVERAGE LICENSE**

PLEASE PRINT CLEARLY

1. To be filled out by the: APPLICANT

Name of Establishment: _____

Street Address: _____ Zip: _____

Applicant Name: _____ Address: _____ Zip: _____

Bus. Mailing Address: _____ Zip: _____

Type of License: _____ 1. Mixed Beverage
_____ 2. Wine/Beer Retailer
_____ a. Beer Off Premise
_____ b. Beer Retailer On Premise
_____ c. Wine/Beer Retailer Off Premise
_____ d. Wholesale Distributor
_____ 3. Package Store
_____ 4. Adult Entertainment
_____ 5. Other (Specify) : _____

_____ New _____ Renewal _____ Renewal Change _____ Change of _____

Applicant Signature

Date

2. To be filled out by the: CODE ENFORCEMENT DEPARTMENT

A Certificate of Occupancy _____ (for an existing structure to be used) or a Building Permit _____ (for the construction, expansion, or modification of a structure) has been issued for the location described above.

THIS CERTIFIES that the use described herein is designated by the Schedule of Uses, Section 26-8 of the Zoning Ordinance, as a permitted use in the Zoning District applicable to said location and that the building complies (or building plans comply) with the adequate building provisions of the Texas Liquor Control Act and the Building and Zoning Codes of the City of Plainview. This location is in a wet area.

FOR ON PREMISES CONSUMPTION: The type use listed below (for which this certification is issued) is not prohibited by Chapter 3, Alcoholic Beverages, of the Code of Ordinances from selling beer, wine and/or mixed beverages for on premises consumption.

THIS CERTIFIES that the fees(s) or a deposit (if applicable) for the license described above has been paid to the City of Plainview Code Enforcement Department.

Date of Inspection: _____ Building Permit # or Receipt #: _____
Inspector: _____ Building Official: _____
Type Use: _____ By: _____
Zoning District: _____ Date: _____

3. To be filled out by the: POLICE DEPARTMENT

Police Department Records Clerk (Police Department, 901 Broadway)

I have this date checked the records of the Plainview Police Department and:

_____ Find no information that would affect this permit.
_____ Found information that could affect this permit.

_____ Date

Plainview Police Records Division

4. To be filled out by the: FIRE DEPARTMENT Plainview

Fire Department (2701 Dimmit Rd)

_____ Location and type of business has been reported.

_____ Date

Plainview Fire Marshal's Office

5. To be filled out by the: HEALTH DEPARTMENT Plainview

Health Department (202 W 5th St)

_____ Location and type of business has been reported.

_____ Date

Plainview Health Department Office

6. To be filled out by the: DEPARTMENT OF THE CITY SECRETARY

THIS CERTIFIES that the application for an Alcoholic Beverage License for the above described establishment has been reviewed by the necessary City of Plainview Departments, the location or address is in a wet area, and the sale of alcoholic beverages for which this license is sought is not prohibited by Charter, Ordinance or any amendment thereto of the City of Plainview.

_____ By: _____ Date _____
City Secretary **Date**