



City of Gainesville
 104 West Hird Street
 Gainesville, Texas 76240
 940-668-4540

APPLICATION FOR ALCOHOL SALES

Address of proposed site/location: _____

Trade Name of Business: _____

Name of Applicant/Owner: _____

Address of Applicant/Owner: _____

Telephone Number: _____ Fax Number: _____ E-mail: _____

Name and address of business accountant: _____

Owner \ General Manager: _____

Legal description of site/location: _____

(survey or addition/lot number, block number.)

Existing Use: _____ Type of business: _____

Existing Zoning: _____

Type of TABC permit application: _____

Name of permit holder: _____

Will the existing premises be expanded or remodeled to accommodate use? Yes No

Will the business be located within 300 feet of a school*, church, or public hospital? Yes No

Will the business be located within 1000 feet of a school*? Yes No

**Public or Private*

OWNER'S ACKNOWLEDGMENT

I hereby certify that I am the owner of the above-described property for the purpose of this application and further certify that the information provided herein is true and correct.

Owner's Signature: _____

Owner's printed name and title: _____

FOR OFFICE USE ONLY

Date Received CD: _____ Date Received PD: _____ Date Received City Sec.: _____

Community Development Review/Comments: _____

_____ Initials _____ Approval Disapproval

Police Chief Review/Comments: _____

_____ Initials _____ Approval Disapproval

City Secretary: _____ Initials _____ Approval Disapproval



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APPLICATION FOR ALCOHOL SALES

Date Application Filed: _____ Time: _____ Fee Received: Yes No Receipt#: _____

Address of proposed site/location: _____

Trade Name of Business: _____

INSPECTION OBSERVATION: CHURCH

Will the business be located within 300 feet of a church? Yes No Date: _____ Time: _____

Contacted: Yes No Type of Notification: In Person Letter Phone Call

Inspector/Date: _____

INSPECTION OBSERVATION: SCHOOL

Will the business be located within 300 feet of a school? Yes No Date: _____ Time: _____

Contacted: Yes No Type of Notification: In Person Letter Phone Call

Inspector/Date: _____

INSPECTION OBSERVATION: PRIVATE SCHOOL

Will the business be located within 300 feet of a private school? Yes No Date: _____ Time: _____

Contacted: Yes No Type of Notification: In Person Letter Phone Call

Inspector/Date: _____

INSPECTION OBSERVATION: PRIVATE HOSPITAL

Will the business be located within 300 feet of a hospital? Yes No Date: _____ Time: _____

Contacted: Yes No Type of Notification: In Person Letter Phone Call

Inspector/Date: _____

Comments
