



CITY OF ALAMO HEIGHTS  
COMMUNITY DEVELOPMENT SERVICES DEPARTMENT  
6116 BROADWAY SAN ANTONIO, TEXAS 78209  
O: (210) 826 – 0516 F: (210) 832 – 2299

**ALCOHOL BEVERAGE LICENSE APPLICATION**

\*\*\*Return this application, a copy of Bexar County/TABC approved License, and the non-refundable fee (payable to the CITY OF ALAMO HEIGHTS)\*\*\*

Physical Address to be licensed: \_\_\_\_\_ Date: \_\_\_\_\_

Name under Which Business is Conducted (DBA): \_\_\_\_\_

**TYPE OF APPLICATION:**  Permanent  Temporary (Valid maximum 14 DAYS)

- Beer On-Premises  Beer Off-Premises  Mixed Beverage  Wine Only
- Wine and Beer Off-Premises  Food and Beverage  Other (describe) \_\_\_\_\_

Telephone # at licensed location: (210) \_\_\_\_\_

[Legal name of company DBA must be identical to the name on your State Tax Payer's Identification on file with the Texas Comptroller of Public Accounts.]

Managers Name \_\_\_\_\_ Tax Payer ID # or Exempt Charter # \_\_\_\_\_

Alternate Mailing Address of Licensed Establishment \_\_\_\_\_ City and State \_\_\_\_\_ Zip \_\_\_\_\_

**CERTIFICATE OF OCCUPANCY:**  Pending  Issued  None

**PURPOSE OF THIS APPLICATION:** [Mark appropriate box to indicate purpose of application, and/or any change in status of firm.]

- New Planned Start Date for Use of Licensed Activity: \_\_\_\_\_
- Amended License
  - Change of Ownership (list previous owner): \_\_\_\_\_
  - Change of Location (list previous location): \_\_\_\_\_
  - Change of Business Name (list previous name): \_\_\_\_\_
  - Other: \_\_\_\_\_

Change of name, ownership, or change in the location of a licensed place of business, requires submission of a new application and fee.

Renewal

**BUSINESS HOURS OF OPERATION:**

SUN \_\_\_\_\_ .M. to \_\_\_\_\_ .M. MON \_\_\_\_\_ .M. to \_\_\_\_\_ .M. TUES \_\_\_\_\_ .M. to \_\_\_\_\_ .M.  
 WEDS \_\_\_\_\_ .M. to \_\_\_\_\_ .M. THURS \_\_\_\_\_ .M. to \_\_\_\_\_ .M. FRI \_\_\_\_\_ .M. to \_\_\_\_\_ .M.  
 SAT \_\_\_\_\_ .M. to \_\_\_\_\_ .M.

**VERIFICATION:**

I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN BEXAR COUNTY PURSUANT TO BUSINESS AND COMMERCE CODE OF THE STATE OF TEXAS, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ALCOHOLIC BEVERAGE CODE OF THE STATE OF TEXAS, AND THE APPROPRIATE PROVISIONS OF THE ORDINANCES AND CODES OF THE CITY OF ALAMO HEIGHTS, AND THAT I AGREE TO ABIDE BY THEM. I FURTHER CERTIFY THAT THE PROPOSED LOCATION OF THE REQUESTED LICENSE DOES NOT LIE WITHIN 300 FEET OF A CHURCH, SCHOOL OR OTHER EDUCATIONAL INSTITUTION.

\_\_\_\_\_  
Signature  Owner  Manager/Agent

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**RENEWAL NOTICES** (The courtesy renewal notice will be sent to the following):

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Name of Application Preparer (Contact Person): \_\_\_\_\_

Telephone Number of Application Preparer (Contact Person): \_\_\_\_\_

Fax Number of Application Preparer (Contact Person): \_\_\_\_\_

E-mail Address of Application Preparer (Contact Person): \_\_\_\_\_

**PREFERRED METHOD OF CONTACT**  TELEPHONE  FAX  EMAIL  US MAIL

**NOTE:**

- \* All licenses/permits shall be displayed at the address licensed/permitted.
- \* This license will expire at the end of each calendar year. The license/permit renewal application and fee are due each year **PRIOR TO** the expiration date. This office must be advised of any changes of ownership, name, or address.
- \* It is the responsibility of the license / permit holder to remit the renewal application and fee before the expiration date, whether a payment notice is received or not.

**OFFICE USE ONLY**

**ZONING VERIFICATION:** District \_\_\_\_\_ Permitted  YES  NO

**APPROVED FOR ISSUANCE:**  YES  NO

**APPROVED BY:** \_\_\_\_\_  
Signature Date