

City of Sansom Park

Application for TABC _____ Permit

Business Address: _____

Business Name: _____

Business Owner Name: _____

Business Owner Address: _____

Business Owner : (phone #) _____ (email) _____

Registered Agent: (if applicable) _____

Registered Agent Address: _____

Registered Agent: (phone #) _____ (email) _____

Property Owner Name: _____

Property Owner Address: _____

Property Owner : (phone #) _____ (email) _____

Applicants Name (print): _____

Applicant's Signature: _____

For office use only

Date Received: _____ Application Fee: _____ Receipt No: _____

Property is Zoned: _____ Does zoning permit retail sales? _____

Is property located within 300' of: Church _____ Hospital _____ School _____

Staff: _____ Date: _____