



# CITY OF DECATUR, TEXAS

Development Services ★ 1601 S. State Street ★ Decatur, TX 76234 ★ (940) 393-0250 voice ★ (940) 626-4629 fax

## Alcoholic Beverage Sales Permit Checklist

- Alcoholic Beverage Sales Permit Application / Location Verification Form and Certification
- Original T.A.B.C. Pre-qualification Packet
- Permit Processing Fees
- I have reviewed the checklist and all submittals for completeness and accuracy. I attest that the above information has been provided. If application submittal is determined to be incomplete, additional fees may be assessed.

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**Signature**

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**Date**



**CITY OF DECATUR, TEXAS**  
 1601 South State St., Bldg. C  
 Decatur, TX 76234

**Alcoholic Beverage Sales Permit**

Permit #: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Received by: \_\_\_\_\_

**ALCOHOLIC BEVERAGE SALES PERMIT APPLICATION**

**INSTRUCTIONS:**

- Complete all required information
- Provide a copy of the completed T.A.B.C. Prequalification Packet
- Submit permit fees

**Please Note: Permit fees are equal to 1/2 of the permit fees assessed by TABC**

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED**

**BUSINESS INFORMATION**

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Name of Applicant: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PROPERTY INFORMATION**

Legal Description of Property: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Addition: \_\_\_\_\_  
 Abstract No: \_\_\_\_\_ Survey Name: \_\_\_\_\_ Tract: \_\_\_\_\_  
 Property Owner/s: \_\_\_\_\_  
 Owner's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**T.A.B.C. INFORMATION**

Is there or has there been a T.A.B.C. license on the property before?  Yes  No

If YES, when does it or did it expire? \_\_\_\_\_

Enter Type of Sales: (Identify using/ TABC Permit Code): \_\_\_\_\_

**Please check what applies:**

- Beer and Wine Sales (Off Premises Consumption Only)
- Sale of Alcoholic or Mixed Beverages in Restaurants by Food and Beverage Certificate Holders Only
- Sale of Alcoholic or Mixed Beverages for On-Premises Consumption
- Sale of Alcoholic Beverages for Off-Premises Consumption; Liquor (Package) Store

In addition to the sale of alcoholic beverages, please provide an accurate statement of all other business or entertainment activities to be conducted at the application address, including type of alcoholic beverage sales:

Applicant / Agent Name (PRINT): \_\_\_\_\_

Applicant / Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE:** Approval of the processing form does not imply that the location/building is in compliance with all applicable ordinances. This form is only for distance and zoning classification compliance. Consult with the Development Services Department, 940-393-0250, regarding all other requirements before investing any time or money.

**FOR CITY USE ONLY**

**LOCATION VERIFICATION FORM AND CERTIFICATION**

I hereby certify that I have personally inspected the property described above and my comments are:

1. The use described by the applicant is allowed in the zoning district for the proposed location.

YES                       NO

If Yes, (by right \_\_\_\_\_, by legal nonconforming \_\_\_\_\_, or by SUP \_\_\_\_\_) Zoning? \_\_\_\_\_

2. The proposed location is within 300' of a church or public hospital.                       YES                       NO

*Note: For churches or public hospitals measure from front door to front door, along the property lines of the street fronts and in a direct line across intersections.*

3. The proposed location is within 300' of a church or private/public school, day care center or child care facility?                       YES                       NO

**OFF-PREMISE CERTIFICATION ONLY:**

*Note: For private/public schools, measure in a direct line from the nearest property line of the school to the nearest property line of the place of business, and in a direct line across intersections.*

*Note: If located on or above the fifth story of a multistory building: measure in a direct line from the property line of the private/public school to property line of the place of business in a direct line across intersections vertically up the building at the property line to the base of the floor on which the business is located.*

*Note: As applicable, for church or public hospital measure along the property lines of the street fronts and from front door to front door, and in direct line across intersections.*

**ON-PREMISE CERTIFICATION ONLY:**

*Note: For private/public schools, day care centers and child care facilities measure in a direct line from the nearest property line of the school, day care center or child care facility to the nearest property line of the place of business, and in a direct line across intersections.*

*Note: For multistory building : business may be within 300 feet of a day care center or child care facility as long as the facilities are located on different floors of the building.*

*Note: If located on or above the fifth story of a multistory building: measure in a direct line from the property line of the private/public school to the property line of the place of business in a direct line across intersections vertically up the building at the property line to the base floor on which the business is located.*

*Note: As applicable, for church or public hospital measure along the property lines of the street fronts and from front door to front door, and in direct line across intersections.*

4. OK to issue permit:                       YES                       NO

- a. If the zoning allows this use and the distance check complies for permit sought by applicant, check the YES box and continue processing.
- b. If zoning does not allow this use, check the NO box, clear the paperwork and stop the processing.
- c. If distance check does not comply, check the NO box, clear paperwork and stop the processing.

<b>VERIFIED BY:</b>			
	Building Official Signature	Building Official Printed Name	Date
	Police Chief Signature	Police Chief Printed Name	Date

Certified by:

\_\_\_\_\_   
 City Secretary

\_\_\_\_\_   
 Date