



Permit No. \_\_\_\_\_

**APPLICATION FOR ALCOHOL BEVERAGE PERMIT**

(All fees must be paid at the time of application and are non-refundable)

Date: \_\_\_\_\_

Applicant or Applicant's Representative: \_\_\_\_\_

Business Applying: \_\_\_\_\_

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

Contact Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_

Application is filed for:       Original/New \$ \_\_\_\_\_       Annual Renew \$ \_\_\_\_\_

- BQ WINE AND BEER RETAILER'S OFF-PREMISE PERMIT
- RM MIXED BEVERAGE RESTAURANT PERMIT WITH FOOD & BEVERAGE CERTIFICATE
- CB CATERER'S PERMIT (Attach Site Plan for event, date and name of event \_\_\_\_\_)
- TB DAILY TEMPORARY MIXED BEVERAGE PERMIT, WINERY FESTIVAL PERMIT (Attach Site Plan for event, date of event, \_\_\_\_\_, name of event \_\_\_\_\_)

**PLANNING DEPARTMENT VERIFICATION**

	YES	NO
The location is within 300 feet of a church, public school, private school, daycare, or public hospital.		
The property is located in a "wet" area designated by the May 15, 2004 Local Option Election and November 2010 Local Option Election?		
The use described by the applicant is allowed in this zoning classification?		
Property Zoned as _____		

Verified by: \_\_\_\_\_  
Signature

\_\_\_\_\_ Date

**CITY SECRETARY'S CERTIFICATION**

PERMIT FEES PAID: \_\_\_\_\_

APPROVED: \_\_\_\_\_

REJECTED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

*\*A copy of the Texas Alcoholic Beverage Commission (TABC) Certificate must be submitted with applicable permit fees prior to issuance of City of Celina Alcoholic Beverage Permit\**

Permit No: \_\_\_\_\_

ALCOHOL BUSINESS VERIFICATION FOR **RM** MIXED BEVERAGE CERTIFICATES

Company Name: \_\_\_\_\_

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

\_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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I, the undersigned, hereby acknowledge that I am receiving a permit for the sale of alcoholic beverages for on-premise consumption. I also acknowledge that in addition to a Mixed Beverage Permit, I am required to have a Food and Beverage Certificate from the Texas Alcoholic Beverage Commission. Further, I acknowledge that I am a business owner who **will not earn more than 50%** of my total revenue from the sale of alcoholic beverages.

If at any time the sale of alcoholic beverages exceed 50% of the total revenue of my business, my business will be an illegal use in my zoning classification until such time that the revenues do not exceed 50%. During such time that my business constitutes an illegal use, I may be subject to fines of up to \$2,000 per day for violating the **City of Celina Code of Ordinances** and subject to other administrative and legal penalties.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

State of Texas  
County of \_\_\_\_\_

\_\_\_\_\_ personally appeared before me, and being first duly sworn, declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements therein contained are true.

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Date