

**CITY OF BEAUMONT
APPLICATION FOR ALCOHOLIC BEVERAGES PERMIT**

Applicant: Applicant must submit all prescribe fees with completed applications.

Type of Permit(s) applied for: _____

Application Date: ____ / ____ / ____

LEGAL OPERATOR(S) INFORMATION

Print full name(s) of legal operator(s):

Last	First	Middle Initial	Suffix	Date of Birth	Social Security No.
Last	First	Middle Initial	Suffix	Date of Birth	Social Security No.
Last	First	Middle Initial	Suffix	Date of Birth	Social Security No.

(If additional space is necessary use a separate sheet)

Hereby make application to operate doing business as:

Name of Business	Street Address	Zip Code
Operator's Phone Number (24 hour access)	Driver's License or Identification Number	Operator's E-mail Address

Has this business ever operated under a different Trade Name: Yes No (Check One.) If yes, complete the following:

Name of Business	Previous Trade Name
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Are you the legal owner of the property? Yes No (Check One.) If no, complete the following:

Property Owner's Name	Street Address	Zip Code
Property Owner's Phone Number	Property Owner's E-mail Address	

Is this an existing business that is changing locations: Yes No (Check One.) If yes, complete the following:

Name of Business			
Previous Address	City	State	Zip Code

Primary Business:

Will your establishment have gaming machines? Yes No
Will your establishment have sexually oriented entertainment? Yes No

In full compliance with the ordinance provision of the City of Beaumont Code of Ordinances, Chapter 6 which regulates the conduct of such places, I hereby certify that I fully understand and agree that such permit may be revoked in the event this facility is not operated in accordance with the state law and local ordinance. I am applying for the alcoholic beverage permit and certify that all information submitted in this application is true and correct. I understand that any false or misleading information shall cause my application to be denied; my permit revoked, and subjects me to criminal prosecution.

Signature(s) _____

Applicant is an: Individual Partnership Corporation Association (Check One.) According to your answer, complete one of the following:

Federal Tax Identification Number: _____

A. INDIVIDUAL:

Business or residence address: _____
(P.O. Box will not be accepted)

Business or residence telephone: _____

B. PARTNERSHIP:

Names of Partners	Business Address (P.O. Box will not be accepted)	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If additional space is necessary use a separate sheet)

C. CORPORATION:

Organized under Texas Law Foreign Law (Check One.) According to your answer complete 1 or 2 below:

1) TEXAS CORPORATION:

Mailing Address: _____
(P.O. Box will not be accepted)

Business Location: _____

Telephone No.: _____

Individual in charge of Beaumont office: _____

Names of Officers and Directors or Trustees: _____

(If additional space is necessary use a separate sheet)

2) FOREIGN CORPORATION (Any Corporation not formed in Texas):

Mailing Address: _____
(P.O. Box will not be accepted)

Business Location: _____

Telephone No.: _____

Place of Incorporation: _____

Individual in charge of Beaumont office: _____

Names of Officers and Directors or Trustees: _____

(If additional space is necessary use a separate sheet)

D. ASSOCIATION:

Location (if multi state) of Principal Headquarters: _____
(P.O. Box will not be accepted)

Mailing Address (if multi state) or Principal Headquarters: _____

Principal Local Business Address: _____

Principal Local Mailing Address: _____

Principal Business Telephone Number: _____

Names and principal business or residence address (P.O. Box will not be accepted) and telephone numbers of all members of the association. (If the number exceeds 10, you may alternatively list the names and principal business address of the officers and directors or trustees.

Names of
Members/Officers/Directors
(Whichever applies)

Business Address
(P.O. Box will not be accepted)

Telephone Number

(If additional space is necessary use a separate sheet)

MANAGER/OPERATOR INFORMATION

Print full names of manager/operator if different than owner:

Last	First	Middle Initial	Suffix
Phone number (24 hour access)		Driver's License or Identification Number	

Signature of manager/operator

Last	First	Middle Initial	Suffix
Phone number (24 hour access)		Driver's License or Identification Number	

Signature of manager/operator

Last	First	Middle Initial	Suffix
Phone number (24 hour access)		Driver's License or Identification Number	

Signature of manager/operator

(If additional space is necessary use a separate sheet)

BILLING INFORMATION

Contact Name			
Billing Address	City	State	Zip Code
Phone Number	Email Address		

CITY OF BEAUMONT USE ONLY

The applicant is in compliance with the ordinance for the following items:

- Background Check
- Copy of a Certificate of Occupancy issued by the city building official as appropriate for the proposed location.
- Valid state permit.
- Lease or rental agreement attached. (If applicable)
- City Clerk Certification

APPROVED BY: _____
Signature of Official Date Printed Name of Official