

# ALCOHOL PERMIT APPLICATION



HUDSON OAKS

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I, THE UNDERSIGNED OWNER/OPERATOR OF THE FOLLOWING DESCRIBED PROPERTY LOCATED IN THE CITY OF HUDSON OAKS, HEREBY MAKE APPLICATION FOR A CITY ALCOHOL PERMIT ON THE PROPERTY AS DESCRIBED BELOW WHICH IS LOCATED IN THE \_\_\_\_\_ ZONING DISTRICT

**BUSINESS NAME:** \_\_\_\_\_

**ADDRESS OF PROPERTY:** \_\_\_\_\_

**TABC PERMITS HELD BY BUSINESS:** \_\_\_\_\_

**OWNER/OPERATOR SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

AS PER ORDINANCE 2012-09, FEES WILL BE ASSESSED BASED ON ½ OF THE CURRENT STATE LICENSE FEES. CITY PERMITS WILL BE ISSUED CONCURRENT WITH THE EXPIRATION DATE OF THE STATE LICENSES.

APPLICATION CHECKLIST	
COPY OF TABC LICENSE(S)	
CITY FEES PAID	
PERMIT ISSUED	
PERMIT NUMBER(S)	
RENEWAL DATE	