



CITY OF ROCKWALL
LOCAL ALCOHOL BEVERAGE PERMIT
APPLICATION & CERTIFICATION

Revised 01/05/18

Date: _____

Applicant's Name: _____

Trade Name of Location: _____

Location Address:
Street #, Name, City, State, Zip _____

Mailing Address:
Street #, Name, City, State, Zip _____

Applicant's Phone: () _____ Email: _____

TABC Permit Type(s) _____

Applying For: _____

This is a(n): [] Original Application [] Renewal

Note: Local permits are renewed every two years with proof of State issued license. You must submit a copy of your TABC license with payment (if applicable). The locally issued permit must be displayed on-site at the business location, alongside the state license/permit.

The Below SECTION TO BE FILLED OUT BY City STAFF ONLY

CRITERIA FOR APPROVAL

Was the property annexed prior to November 14, 2007?

[] Yes [] No If no, city staff will need to consult with the applicant.

Is the property located in an area zoned for the requested permit?

[] Yes [] No Zoning Designation: _____

APPLICATION IS FILED FOR (check either #1 or #2):

[] 1. The legal sale of beer and wine for off-premise consumption only.

The requested permit appears to be located within the following area(s):

- 300 feet of a religious institution (measured front door to front door) [] Yes [] No
300 feet of a public hospital (measured front door to front door) [] Yes [] No
300 feet of a public or private school (measured property line to property line) [] Yes [] No

[] 2. The following distance requirements apply to holders of a Mixed Beverage Restaurant (with FB certificate), Winery (G) & Wine & Beer (BG) permits:

The requested permit appears to be located within the following area(s):

- 300 feet of a religious institution (measured front door to front door) [] Yes [] No
300 feet of a public hospital (measured front door to front door) [] Yes [] No
300 feet of a public school (measured property line to property line) [] Yes [] No

Zoning and distance verification / approval (Planning Dept.):
Printed Name: _____ Date: _____
Signature: _____
City Secretary's Office:
[] Approved [] Denied* [] Fees Paid: _____ Check No. _____ Date: _____

*If permit is denied due to non-compliance with distance requirements, applicant may seek approval of a variance from City Council