



City of Buda, Texas

Application for Alcoholic Beverage Permit

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

Applicant: \_\_\_\_\_

Business Known As: \_\_\_\_\_

Location Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Contact Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of TABC License or Permit Filing For: \_\_\_\_\_

Are you renewing a current city alcohol beverage permit?  No  Yes, permit number: \_\_\_\_\_

Will your business be located within 300 feet of a church or public hospital?  Yes  No

Will your business be located within 300 feet of any private/public school?  Yes  No

Will your business be located within 300 feet of any day care center or child care facility?  Yes  No

If any information submitted in this application is found to be incorrect, any permits issued in connection with this application may be subject to revocation. The fee for your City Alcohol Permit is one half of the fees paid for all licenses obtained from the TABC for the permitted location. Make all checks payable to the City of Buda.

I have read the above application and affirm that the statements therein contained are true.

\_\_\_\_\_  
Applicant's or Applicant's Agent 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 affirmed that the statements therein contained are true.

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

For Office Use Only Below Line

**Planning Department Zoning Approval:**

Does the zoning for the above referenced site permit the described alcohol sales activity?  Yes  No

Has the applicant filed for a Certificate of Occupancy?  Yes  No

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**City Clerk's Office**

Application:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Denied by: \_\_\_\_\_ Date: \_\_\_\_\_