

CITY OF BEAUMONT
ALCOHOLIC BEVERAGE LICENSE APPLICATION

Business Name: _____

Business Address: _____

Mailing Address (1): _____

Mailing Address (2): _____

City, State, Zip: _____

Date Business Opened _____ Federal Tax ID# _____

Type of Ownership: () Corporation () Partnership () Sole Proprietor () Other

Business Phone: _____ Alternate Phone: _____

Owner/Officer Name: _____ Title: _____

Mailing Address (1): _____

Mailing Address (2): _____

City, State, Zip: _____

Social Security # _____ Date of Birth: _____ DL# _____

Owner Phone: _____ Alternate Phone: _____

Co-Owner/Officer Name: _____ Title: _____

Mailing Address (1): _____

Mailing Address (2): _____

City, State, Zip: _____

Social Security # _____ Date of Birth: _____ DL# _____

Co-owner Phone: _____ Alternate Phone: _____

License Agent (if any): _____

Type of License(s) Applied For: _____

Indicate the type of business for which the alcoholic beverage license is being requested (check one).

_____ Sale of alcoholic beverages as a primary retail use (example: 7-11 stores).

_____ Sale of alcoholic beverages and on-premise consumption as a secondary accessory use to a primary use (example: restaurant).

_____ Sale of alcoholic beverages and on-premise consumption of alcoholic beverages as a primary use (example: lounge, bar, etc.).

Will you have sexually oriented entertainment such as exotic dancers, strippers or other similar entertainers from which minors under the laws of the State of Texas will be excluded from seeing unless accompanied by a consenting parent or guardian or spouse? () Yes () No

Is this a request for a license for an existing business in the same location for which a license has previously been issued? () Yes () No

I certify that the above information is complete and accurate.

Signature of Applicant

Date