



APPLICATION FOR PERMIT FOR SALE OF ALCOHOL

**CITY OF CANTON
201 N. Buffalo
Canton, TX 75103
903-567-1841 (Phone)
903-567-1793 (Fax)**

Initial Application _____

Renewal _____

Date: _____

Phone Number: _____

Applicant or Applicant's Representative: _____

Business Name: _____

Business Mailing Address: _____

Physical Address of Business: _____

Applicant Mailing Address: _____

Applicant Phone: _____ Applicant's Email: _____

Legal Description: Lot: _____ Block _____ Subdivision: _____

_____ Original Application _____ Annual Renewal _____ Expiration Date

Application is for:

_____ BQ Wine and Beer Retailers Off-Premise Permit

_____ RM Mixed Beverage Restaurant Permit with FB

_____ Other _____

Survey provided; prepared and sealed by a Texas Registered Professional Land Surveyor
showing property lines, buildings, measurements

Texas Alcoholic Beverage Commission Off-Premise Prequalification Packet Attached

Non-refundable Administrative Processing Fee (\$150) paid at the time of application.

_____ Copy of the Texas Alcoholic Beverage Commission (TABC) Certificate along with applicable permit fees (see “Fee Schedule”) must be submitted prior to issuance of a City of Canton permit.

Date Received: _____



Comments / Special Conditions:

File application with the Office of the City Secretary at Canton City Hall, 201 N. Buffalo, Canton, Texas 75103 in person or by mail. For additional information, contact the City Secretary at 903-567-1841.

All fees must be paid at the time an application is submitted and are non-refundable. Failure to complete all information may cause a delay in processing the permit. The City’s processing of a permit may take up to thirty (30) days from the date an application is filed.

Applicant’s Signature:

Printed Name: _____

Authorized Representative’s Signature

Printed Name: _____

Administrative Processing & Inspection Surcharge Paid: _____

Permit / License Fees Paid: _____

_____ **APPROVED**

_____ **REJECTED**

APPLICATION ROUTING and REVIEW: FOR CITY STAFF USE ONLY

A. City Secretary

INITIAL APPLICATION

 RENEWAL APPLICATION (*skip to D*)
 Application Filed *date* _____

 Application Fee Paid
 Application is Complete

 Survey Provided
 TABC Prequalification Packet is Provided

SIGNED: City Secretary _____

Application referred for Inspection *date & Initial* _____

B. Inspection/Planning & Zoning Department Certification

Application Referred by City Secretary on *date* _____

Survey is Complete
 Site Inspection Checklist
 Zoning Classification for Property

Verify the statement. If statement is true, check the blank.

- 1. Residential Area: Business is not located within 300' of a home (front door to front door).
- 2. Church: Business is not located within 300' (front door to front door).
- 3. Public Hospital: Business is not located within 300' (front door to front door).
- 4. Public School: Business is not located within 300' (front door to front door).
- 5. Private School: Business is not located within 300' (front door to front door).
- 6. Day-Care/Child-Care Facility: Business is not located within 300' (front door to front door).
- 7. Is the use requested by the applicant a permitted use allowed in this zoning classification?

Application Referred back to City Secretary on: *date & Initial* _____

C. City Secretary

Application Referred back on _____

* If any of the above statements are not true AND a variance has not been obtained, the permit application shall be denied. Notify Applicant of Variance Procedures.

Sign Packet and prepare file copy

Return TABC Prequalification Packet to Applicant *date & Initial* _____

D. City Secretary

TABC Certificate Provided by Applicant *date* _____

Permit Fee Paid

 Provide Certificate to Applicant *date & Initial* _____

E. City Secretary

Mark Up Renewal Certificate Date