

**City of Abilene**  
**Application for Alcoholic Beverage Checklist Instructions**  
**City Secretary's Office**  
**City Hall, 555 Walnut**  
**Room 203, 2<sup>nd</sup> Floor**  
**Abilene, TX 79601**  
**325-676-6208**

Applicants applying for an alcoholic Beverage License/Permit in the City of Abilene are required to have the attached Checklist completed prior to certification of the application by the City Secretary.

***The Planning & Zoning Department requires a 24-hour waiting period for the processing of the paperwork. Fax the completed form 24 hours in advance to (325) 676-6242 to expedite the process. Contact (325) 676-6237 or (325) 676-6475 for all inquiries.***

**PROCEDURE:**

**Applicants are to complete all identifying information (i.e., Trade Name, Address, etc.) prior to obtaining the required City signatures.**

**The following City offices must sign the Checklist:**

- Police Department Records Clerk (450 Pecan)
- Fire Department (250 Grape)
- Health Department -Environmental Health (555 Walnut, 1<sup>st</sup> Floor)
- Planning & Zoning Department (555 Walnut, 1<sup>st</sup> Floor) **\*\*24-Hour Waiting Period\*\***
- Building Inspection Office (555 Walnut, 1<sup>st</sup> Floor)
- City Secretary's Office (555 Walnut, 2<sup>nd</sup> Floor)

The applicant may acquire the above signatures in the order convenient for them with the exception of the City Secretary's certification, whose signature will always be the final one obtained. An appointment with the City Secretary for certification of the application and to receive information on City fees can be made when the checklist is issued or by calling 676-6208.

Trade Name of Business: \_\_\_\_\_

Address or Location: \_\_\_\_\_  
City State Zip

Billing Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Area  
Code/Number

Name of Applicant: \_\_\_\_\_

By:

\_\_\_\_\_  
Signature Applicant's

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Application Filed For: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip  
\_\_\_\_\_ 1. Mixed Beverage \_\_\_\_\_ 3. Package Store  
\_\_\_\_\_ 2. Wine/Beer Retailer \_\_\_\_\_ 4. Other  
\_\_\_\_\_ a. Beer Off Premises  
\_\_\_\_\_ b. Beer Retailer On Premise

\_\_\_\_\_ c. Wine/Beer Retailer Off Premise

\_\_\_\_\_ d. Wholesale Distributor

\_\_\_\_\_ Renewal \_\_\_\_\_ Renewal Change \_\_\_\_\_ Change of  
\_\_\_\_\_

**Application is filed by:**

\_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_ **Primary**

**Business at this location:** \_\_\_\_\_ Restaurant \_\_\_\_\_ Bar \_\_\_\_\_ Grocery \_\_\_\_\_ Convenience Store \_\_\_\_\_ Liquor

Store Other: \_\_\_\_\_

**NOTE: THE FOLLOWING CITY DEPARTMENT SIGNATURES ARE REQUIRED:**

Police Department Records Clerk (Police Department, 450 Pecan)

I have this date checked the records of the Abilene Police Department and:

\_\_\_\_\_ Find no information that would affect this permit.

\_\_\_\_\_ Find information that could affect this permit.

\_\_\_\_\_ Date

**Abilene Police Records Division**

Abilene Fire Department (250 Grape)

\_\_\_\_\_ Location and type of business has been reported.

\_\_\_\_\_ Date

**Fire Marshal's Office CITY HALL (555 Walnut)**

a. Environmental Health/Community Enhancement (1<sup>st</sup> Floor)

\_\_\_\_\_ Location and type of business has been reported

\_\_\_\_\_ Date

**Environmental Health/Community Enhancement**

b. Planning and Zoning Office (1<sup>st</sup> Floor)

**\*\* 24-Hour Waiting Period for processing the paperwork\*\***

**Fax completed form 24 Hours in advance to (325) 676-6242 to expedite the process.**

**Direct inquiries to (325) 676-6237 or (325) 676-6475**

Location: \_\_\_\_\_ Complies with all zoning requirements relating to liquor stores. \_\_\_\_\_ Is not an adult entertainment enterprise. \_\_\_\_\_ Is an adult entertainment enterprise and complies with separation requirements as

stipulated by the Zoning Ordinance.

\_\_\_\_\_ Date

**Planning and Zoning**

**NOTE: SHOULD THE LIQUOR STORE BECOME AN ADULT ENTERTAINMENT ENTERPRISE FOLLOWING APPROVAL OF THIS APPLICATION, REAPPLICATION MUST BE MADE TO ENSURE COMPLIANCE.**

c. Building Inspection Office (1<sup>st</sup> Floor)

\_\_\_\_\_ Location and type of business has been reported.

\_\_\_\_\_ Date

**Building Inspection**

- d. City Secretary's Office (2<sup>nd</sup> Floor)
  - \_\_\_\_\_ Amount paid (fees)
  - \_\_\_\_\_ Receipt Number
  - \_\_\_\_\_ Signature & Seal for Certification
  - \_\_\_\_\_ Date

**City Secretary**

RETURN THIS FORM TO THE CITY SECRETARY S OFFICE IN PERSON.