City of Canadian

6 Main St. - Canadian, TX 79014 - (806)323-6473 - FAX (806)323-5398

Application for Alcoholic Beverage Permit

APPLICANT'S NAME: _			
	(This must be the same name as it app	pears on the TABC Application)	
NAME OF ESTABLISHM	//ENT:		
ADDRESS OF ESTABLE	SHMENT:CANADIAN, TX 79014		
APPLICANT'S CONTAC	CT PHONE NUMBER:		
Applying for: □	On- Premise Consumption	Off-Premise Consumption	
Type of License/Pe	rmit:		
the City of Canadian City of Canadian ma	can rely on the information provide	he information provided above is t ded, and I am aware that making a demeanor or a State Jail Felony, hatary)	a false statement to the
Applicant's Signature a	and Title (if any)	Date	
State of Texas County of Hemphill			
declared that he/she s		ame) personally appeared before me, designated, if any, and further states true and correct.	
		Notary Public's Signature	

Applicant's Name:	

FOR CITY USE ONLY

APPR	ROVED LOCATIONS FOR SALE:			
(a)	Residential areas – It shall be unlawful for any person to sell or dispense, or cause to be sold or dispensed, any liquor or malt beverage within a residential area in the city.			
(b)	Approved locations – The retail sale of alcoholic beverages shall be permitted only in commercially zoned districts according to the official zoning map and zoning ordinances of the city.			
Is the	property located in an area zoned for the above-	requested permit?		
	☐ Yes ☐ No Zoning Designation:			
	ANCE REQUIREMENTS: ode Enforcement Officer will measure distances	for compliance with City Ordinance No. 741.		
The re	equested business appears to be located within	300 feet of the following:		
		oor to front door along property lines of front streets and		
(2)	A public or private school (property line to prop ☐ Yes ☐ No	erty line and in direct line across intersections)		
(3)	A licensed daycare center or childcare facility (intersections except as provided by §109.331 c	property line to property line and in direct line across of the TABC Code) ☐ Yes ☐ No		
(4)	A public hospital ((front door to front door along intersections) ☐ Yes ☐ No	g property lines of front streets and in direct line across		
CODE	E ENFORCEMENT:			
Code	Enforcement Officer:	Date:		
CITY :	SECRETARY'S OFFICE:			
TABC	Permit received from Applicant: ☐ Yes ☐	No		
Applic	cation: □ approved □ denied			
City S	Secretary:	Date:		