



CITY OF BROWNSVILLE  
OFFICE OF THE CITY SECRETARY  
1034 E. LEVEE STREET  
BROWNSVILLE, TEXAS 78520  
PHONE: (956) 548-6042

**CITY OF BROWNSVILLE APPLICATION FOR ALCOHOL SALES**

Please allow five (5) business days for processing. Incomplete applications will not be accepted.

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

Applicant's Phone No.: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

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

Owner's Phone No.: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

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

Property Tax ID: \_\_\_\_\_

Street Address of Proposed Work: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Certificate of Occupancy No. \_\_\_\_\_

**Please check usage fee:**

WET STORE: \$50.00  WET RESTAURANT: \$75.00  LIQUOR STORE: \$150.00  BAR: \$200.00

**Name of Nearest Church:** \_\_\_\_\_

**Name of Nearest School:** \_\_\_\_\_

**Name of Nearest Park:** \_\_\_\_\_

**Name of Nearest Subdivision:** \_\_\_\_\_

**Name(s) of business(es) located at said premises:**

**Proposed Business Name:** \_\_\_\_\_

**Current Business Name:** \_\_\_\_\_

**Previous Business Name:** \_\_\_\_\_

Are you requesting a City of Brownsville Alcohol Sales Permit?  Yes  No

Are you requesting a certification on a Texas Alcoholic Beverage Commission Prequalification Packet?  Yes  No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|                          |                              |  |
|--------------------------|------------------------------|--|
| For Official Use Only    |                              |  |
| P&Z Approved: <u>Y/N</u> | Finance Approved: <u>Y/N</u> | C/O needed: <u>Y/N</u>                   |
| By: _____                | Date: _____                  | C/O verified: <u>Y/N</u>                 |
|                          |                              | Zoning Verification Letter needed: Y / N |