

Alcoholic Beverage License Application

Established Name: _____
Parent Company: _____
Physical Address: _____

Telephone Number: _____
Owner's Name: _____
Address: _____

Telephone Number: _____
Contact Person: _____
Telephone Number: _____

Type of License Requested: _____ On Premises _____ Off Premises (To Go)

License Fees: Off Premises: \$30.00
 On Premises: \$75.00

THIS APPLICATION MUST BE FILLED IN COMPLETELY OR IT CANNOT BE ACCEPTED.

I, the undersigned, am an authorized agent/representative of the establishment named above, and am duly authorized to apply for an Alcoholic Beverage License with the City of Luling. I understand the license is valid for a period of **one (1) calendar year beginning January 1st and ending December 31st**. I also understand that I must notify, within ten (10) days, the City of Luling, in writing, of any changes made to any of the above information.

I also understand that this Alcoholic Beverage License is NOT TRANSFERABLE to another establishment name or location, nor is it to be used for more than one establishment location. I must make and submit a separate application and license fee should there be a change in the establishment name.

Agent/ Representative

Date Submitted

FOR OFFICE USE ONLY

Authorization

Date Authorized

Fee Submitted: \$ _____

Receipt No: _____