

Mail Application and Fee To:
 Environmental Health Department
 PO Box 1971
 Amarillo, TX 79105-1971

Phone: (806)-378-9472
 TDD: (806)-378-4229



Physical Address:
 Environmental Health Department
 808 S. Buchanan
 Amarillo, TX 79101

Fax: (806)-378-3585
 ehealth@amarillo.gov

Amarillo Area Public Health District

Application for City Certification of TABC Prequalification Packet

Instructions: Provide the following to Environmental Health: (1) this Application, (2) TABC Prequalification Packet, (3) Application Fee, and (4) Local Fee. To review applicable fees, visit <https://www.amarillo.gov/departments/community-services/environmental-health/fee-schedule>

Trade Name of Location: _____	
Location Address: _____	
Location Phone: _____ Location Square Footage: _____	
Owner Name: _____	Owner Type: <input type="checkbox"/> Individual <input type="checkbox"/> Entity
Owner Mailing Address: _____	
Owner Phone: _____ Owner Email Address: _____	
Type of TABC License/Permit: _____ Consumption: <input type="checkbox"/> On-Premise <input type="checkbox"/> Off-Premise	

Signature: _____ Printed Name: _____
 Date Signed: _____ Title (If Owner is an Entity): _____

OFFICE USE ONLY

Environmental Health Review <input type="checkbox"/> Receipt of TABC Packet <input type="checkbox"/> Payment of processing fee Amount: _____ Receipt #: _____ Initials: _____ Date: _____ Amount: _____ Receipt #: _____ Initials: _____ Date: _____ <input type="checkbox"/> Previous TABC License/Permit at Location? Y / N [circle one] <input type="checkbox"/> Wet / Dry [circle one] <input type="checkbox"/> Public Schools & Distances: <input type="checkbox"/> Private Schools & Distances: <input type="checkbox"/> Churches & Distances:	Environmental Health Approval Initials: _____ Date: _____
Planning Review <input type="checkbox"/> Zoning District: _____ Proposed Sales Allowed in Zoning District? Y / N	Planning Approval Initials: _____ Date: _____
Building Safety Review <input type="checkbox"/> Certificate of Occupancy or Building Permit? Y / N [circle one]: Comments: _____	Building Safety Approval Initials: _____ Date: _____
Final Approval <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____ <div style="text-align: right;">Signature: _____ Date: _____</div>	