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: ☐ Individual ☐ Entity

Owner Mailing Address: _____

Owner Phone: _____ Owner Email Address: _____

Type of TABC License/Permit: _____ Consumption: ☐ On-Premise ☐ Off-Premise

Signature: _____ Printed Name: _____

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

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OFFICE USE ONLY

Environmental Health Review	Environmental Health Approval
Within 300'? Y / N [circle one]	
☐ Receipt of TABC Packet	
☐ Payment of processing fee	
Amount: _____ Receipt #: _____ Initials: _____ Date: _____	
Amount: _____ Receipt #: _____ Initials: _____ Date: _____	
Authorization / Check Number: _____	
☐ Previous TABC License/Permit at Location? Y / N [circle one]	
☐ Wet / Dry [circle one]	
☐ Public Schools & Distances:	
☐ Private Schools & Distances:	Initials: _____ Date: _____
☐ Churches & Distances:	
Planning Review	**Planning Approval**
☐ Zoning District: _____ Proposed Sales Allowed in Zoning District? Y / N	Initials: _____ Date: _____
Building Safety Review	**Building Safety Approval**
☐ Certificate of Occupancy or Building Permit? Y / N [circle one]:	
CO Description: _____	Initials: _____ Date: _____
Comments: _____	
Final Approval	
☐ Approved ☐ Denied Reason: _____	
Signature: _____ Date: _____	