

**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>

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

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Title (If Owner is an Entity): \_\_\_\_\_

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#### OFFICE USE ONLY

<b>Environmental Health Review</b> Within 300'? Y / N [circle one] <input type="checkbox"/> Receipt of TABC Packet <input type="checkbox"/> Payment of processing fee Amount: _____ Receipt #: _____ Initials: _____ Date: _____ Authorization / Check Number: _____ <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:	<b>Environmental Health Approval</b>       Initials: _____ Date: _____
<b>Planning Review</b> <input type="checkbox"/> Zoning District: _____ Proposed Sales Allowed in Zoning District? Y / N	<b>Planning Approval</b> Initials: _____ Date: _____
<b>Building Safety Review</b> <input type="checkbox"/> Certificate of Occupancy or Building Permit? Y / N [circle one]: CO Description: _____ Comments: _____	<b>Building Safety Approval</b> Initials: _____ Date: _____
<b>Final Approval</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____  <div style="display: flex; justify-content: space-between;"> <span>Signature: _____</span> <span>Date: _____</span> </div>	