

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 #: _____ Auth# _____ Initials: _____ Date: _____ Amount: _____ Receipt #: _____ Auth# _____ 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: Within 300'? Y / N [circle one]	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]: CO Description: _____ Comments: _____	Building Safety Approval Initials: _____ Date: _____
Final Approval <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____ Signature: _____ Date: _____	