

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

<p>Environmental Health Review Within 300'? Y / N [circle one]</p> <p><input type="checkbox"/> Receipt of TABC Packet</p> <p><input type="checkbox"/> Payment of processing fee Amount: _____ Receipt #: _____ Auth# _____ Initials: _____ Date: _____ Amount: _____ Receipt #: _____ Auth# _____ Initials: _____ Date: _____</p> <p><input type="checkbox"/> Previous TABC License/Permit at Location? Y / N [circle one]</p> <p><input type="checkbox"/> Wet / Dry [circle one]</p> <p><input type="checkbox"/> Public Schools & Distances:</p> <p><input type="checkbox"/> Private Schools & Distances:</p> <p><input type="checkbox"/> Churches & Distances:</p>	<p>Environmental Health Approval</p> <p>Initials: _____ Date: _____</p>
<p>Planning Review</p> <p><input type="checkbox"/> Zoning District: _____ Proposed Sales Allowed in Zoning District? Y / N</p>	<p>Planning Approval</p> <p>Initials: _____ Date: _____</p>
<p>Building Safety Review</p> <p><input type="checkbox"/> Certificate of Occupancy or Building Permit? Y / N [circle one]:</p> <p>CO Description: _____</p> <p>Comments: _____</p>	<p>Building Safety Approval</p> <p>Initials: _____ Date: _____</p>
<p>Final Approval</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____</p> <p style="text-align: center;">Signature: _____ Date: _____</p>	