

Mail Application and Fee To:
 City of Amarillo
 Attn: City Secretary's Office
 PO Box 1971
 Amarillo, TX 79105-1971
 Phone: (806)-378-3014
 TDD: (806)-378-4229



Physical Address:
 Amarillo City Hall – Room 3500
 623 S. Johnson (Third Floor)
 Amarillo, TX 79101
 Fax: (806)-378-9394
 citysecretary@amarillo.gov

City of Amarillo

Application for City Certification of TABC Prequalification Packet

Instructions: Provide the following to the City Secretary's Office: (1) this Application, (2) TABC Prequalification Packet, and (3) Application Fee of \$31.00.

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

Preliminary Review <input type="checkbox"/> Date Application Received: _____ <input type="checkbox"/> Date TABC Prequalification Packet Received: _____ <input type="checkbox"/> Date Application fee received: _____ Amount: _____ Receipt #: _____ <input type="checkbox"/> Previous TABC License/Permit at Location? Y / N [circle one]	Preliminary 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: _____
Environmental Health Review <input type="checkbox"/> Food Hygiene Permit Active or Required? Y / N [circle one]: Comments: _____	Environmental Health Approval Initials: _____ Date: _____
City Secretary Review <input type="checkbox"/> Wet / Dry [circle one] <input type="checkbox"/> Public Schools & Distances: <input type="checkbox"/> Private Schools & Distances: <input type="checkbox"/> Churches & Distances:	City Secretary Approval Initials: _____ Date: _____
Final Approval <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____ <div style="text-align: right;"> Signature: _____ Date: _____ </div>	