

CITY OF BEDFORD APPLICATION FOR ALCOHOLIC BEVERAGE REGISTRATION FORM

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|-------------------|----------------------|----------------------|----------------------|
| NAME OF BUSINESS: | <input type="text"/> | DATE: | <input type="text"/> |
| ADDRESS: | <input type="text"/> | BUSINESS TELEPHONE: | <input type="text"/> |
| APPLICANT: | <input type="text"/> | APPLICANT TELEPHONE: | <input type="text"/> |
| ADDRESS: | <input type="text"/> | | |

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|--|---|
| REGISTRATION TYPE | |
| <input type="checkbox"/> Off-Premise Wine & Beer Retailer (BQ) | <input type="checkbox"/> Initial Registration |
| <input type="checkbox"/> On-Premise Beer Retailer (BG) | <input type="checkbox"/> Annual Registration Renewal* |
| <input type="checkbox"/> Mixed Beverage (MB) | |
| <input type="checkbox"/> Mixed Beverage Late Hour (LB) | |
| <input type="checkbox"/> Other: _____ | |

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| <u>LICENSING/REGISTRATION</u> INFORMATION SHOULD BE ADDRESSED TO: | <u>ANNUAL GROSS SALES AFFIDAVIT*</u> INFORMATION SHOULD BE ADDRESSED TO: |
| Business Name: <input type="text"/> | Business Name: <input type="text"/> |
| Contact Person: <input type="text"/> | Contact Person: <input type="text"/> |
| Address: <input type="text"/> | Address: <input type="text"/> |
| City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> | City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> |
| Telephone: <input type="text"/> | Telephone: <input type="text"/> |
| E-mail: <input type="text"/> | E-mail: <input type="text"/> |

I, the undersigned, _____, hereby certify that the information contained herein is true and correct.

Licensee/Agent Signature

Title

* For On-Premise/Mixed Beverage establishments only

To be completed by the City

Date Received: _____ By: _____

Distance previously approved per Section 109.59 of TABC? _____

Signature _____ Date: _____

(If no, complete next Section)

Permitted Zoning: _____

Distance Map Attached: _____

Date: _____

(Planning and Community Development Director)