



City of Amarillo

ENVIRONMENTAL HEALTH DEPARTMENT

Rx _____
Pd _____
Md _____
Exp _____

APPLICATION FOR AN ALCOHOLIC BEVERAGE LICENSE

Establishment Name _____ Phone _____

Establishment's Address _____

Owner's Name _____

Mailing address _____ City _____ ST _____ ZIP _____

Type of License _____

On premise consumption

Off premise consumption

Email address: _____

It is stipulated and agreed by the undersigned, who is the applicant for the alcoholic beverage license that said applicant will conform with all provisions of the applicable City ordinances and with all orders of the Amarillo Police Department and Amarillo Fire Marshal's Office. The Amarillo Police Department and the Amarillo Fire Marshal's office is granted permission to inspect the premises and equipment of the undersigned at any time non-employees are on the premises. The information given herein is true and correct. It is further agreed that an annual fee will be paid in advance of such license being renewed.

The City of Amarillo does not certify the above address is in a wet precinct, that verification must come from the County Clerk's office.

_____ Applicant's signature