

**CITY OF HURST, TEXAS**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE/PERMIT**

Date: \_\_\_\_\_

**\*Please ensure this application is completed in its entirety. Failing to do so will result in a delay in processing.**

Check all appropriate boxes below:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> New Applicant       | <input type="checkbox"/> On Premise:  | <input type="checkbox"/> MB – Mixed Beverage   |
| <input type="checkbox"/> Renewal             |                                       | <input type="checkbox"/> RM – Mixed Beverage Restaurant with Food and Beverage Certificate |
| <input type="checkbox"/> Change in Ownership |                                       | <input type="checkbox"/> MB with FB - Mixed Beverage with Food and Beverage Certificate    |
| <input type="checkbox"/> Change of Location  |                                       | <input type="checkbox"/> LB – Mixed Beverage Late Hours Permit                             |
|  | <input type="checkbox"/> Off Premise: | <input type="checkbox"/> BQ – Wine and Beer Retailers Off-Premise Permit                   |
|  |                                       | <input type="checkbox"/> Beer Only BF  |

Trade Name/DBA and address of business for which permit is sought: \_\_\_\_\_

Name of business/owner, if known by another name, such as a corporation, partnership, etc:

Applicant name: (first, middle, last):

(Individual responsible for overseeing business. Do not list business or corporation name here.)

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Business Phone: (    ) \_\_\_\_\_ Home/Cell Phone: (    ) \_\_\_\_\_

Mailing address (city, state, zip): \_\_\_\_\_

Current residence address (city, state, zip):

Residence addresses for previous ten (10) years (Use a separate sheet, if necessary):

Names and address of all persons with interest in said business (Use a separate sheet, if necessary) (Insert “Not Applicable (N/A)”, if appropriate):

List all City permits or licenses held for other businesses and the names and addresses of all persons with an interest in such business (Use separate sheet, if necessary) (Insert “Not Applicable (N/A)”, if appropriate):

**New Applicant Only**

Attach scaled drawings of applicant’s business in relation to streets, property lines, the nearest church, public school or public hospital.

**NOTE:** Please return this form with the Food and Beverage Annual Gross Sales Affidavit to:  
City Secretary’s Office, 1505 Precinct Line Road, Hurst, Texas 76054.

I authorize the City of Hurst to verify with the appropriate state agencies all sworn copies of state sales tax returns and state alcoholic beverage tax returns filed by the above named establishment and submitted to the City Secretary. I authorize the Hurst Police Department to obtain my fingerprints, photograph, height, weight, and other necessary descriptive information, and furthermore affirm that the information provided herein is true and correct.

\_\_\_\_\_  
Signature of Applicant

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

BEFORE ME, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_, known to me or proved to me on the oath of \_\_\_\_\_ or through \_\_\_\_\_ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN MY HAND AND SEAL this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

(seal)

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

I. The above-listed applicant has provided to the City Secretary one copy of the appropriate forms prescribed by the City of Hurst and the Texas Alcoholic Beverage Commission.

\_\_\_\_\_  
City Secretary/Date

IV. The place of business is located in the proper zoning use district for the selling of alcoholic beverages as established by present and future zoning regulations of the City of Hurst.

\_\_\_\_\_  
Zoning

Application is unacceptable due to \_\_\_\_\_

II. The reputations of the above-listed applicant and/or business associates have been investigated and have been found to be acceptable for the operation of an establishment wherein the sale of alcoholic beverages is permitted.

\_\_\_\_\_  
Chief of Police/Date

The property and building have been found to be in conformance with City ordinances regulating same for the purpose of sale of alcoholic beverages at the place of business names herein.

Yes or No

▪ Within 300 ft. of church, public school or hospital.

\_\_\_\_\_  
(Department Head/Date)

III. This application is in conformance with municipal ordinances and state law, and said application is therefore qualified for a license permitting the sale of alcoholic beverages at the business named herein.

\_\_\_\_\_  
City Planner/Date

\_\_\_\_\_  
City Attorney/Date