



APPLICATION FOR ALCOHOLIC BEVERAGE PERMIT

Name of Establishment: _____

Establishment Address: _____

Establishment Phone Number(s): (____)____-____

Name of Owner: _____

Owners Address: _____

Owners Phone Number(s): (____)____-____

Owner/Manager Email: _____

Please provide one if you would like renewal applications and receipts sent by email. Check your spam/junk folder if you have not received a prompt reply from us.

Establishment Manager/Supervisor: _____

Number of Employees: _____

List your TABC Fee Chart Permit Codes: _____

Annual Fee: _____

Please attach a copy of your Texas Alcoholic Beverage Commission Temporary Receipt, Form No. 2-121.1, with your application. The Selma Annual Fee is based on 1/2 of the state fee.

Credit Card No.: _____ Expiration ____ / ____

Card Security Code (3-4 digit code on card): _____

If you prefer to pay by credit card, please email the application to Robert Cardenas, Assistant City Secretary @ rcardenas@ci.selma.tx.us There will be a \$5.00 convenience fee for processing by credit card.

I certify that the above information is correct to the best of my knowledge and should any information change that would affect this permit, I will so notify the City of Selma at that time.

Name of Applicant

Title of Applicant

Signature of Applicant

Date of Application