



CITY OF SOCORRO
PLANNING AND ZONING DEPARTMENT
LICENSE ZONING APPROVAL
Sales of Alcoholic Beverages

APPLICANT

Name: _____ Home Address: _____

Home Phone: () _____ Business Phone: () _____

Business Name: _____

Business Address: _____ Sales/Space: _____

Legal Description: _____

Type of Establishment: Bar () Restaurant () Package Store () Other (specify) _____

Type of Liquor License: Beer/ Wine () Mixed Beverages () Other (specify) _____

Applicant's Signature

Date

DEPARTMENTAL USE

Zoning District _____ Liquor Sales Permitted? _____ District No. _____

Does Special Condition/ Contract Prohibit the sale of alcoholic Beverages? _____

TABC application approved by: _____ Date: ____ / ____ / ____

FIELD INVESTIGATION

Distance from School: _____ Distance from Church: _____

Distance from Hospital: _____ Distance from Residential Zone: _____

Other Alcoholic Beverages Sales in Area: _____

Inspector: _____ Date issued: ____ / ____ / ____ Date Completed: _____

Comments: _____

Approved: _____

Denied: _____