

**TOWN OF CALLAHAN
APPLICATION FOR ALCOHOL VENDOR'S LICENSE**

Street address of business or proposed business: _____

Business name: _____

Type of business engaged in: _____

Is business also licensed as a restaurant? YES [] NO []

If restaurant facility, list number of seats: _____

Owner(s) name(s) & address(es): _____

Chief executive or president name and address: _____

Percentage of gross revenue derived or expected to be derived from the sale of alcoholic beverages: _____

Names and addresses of all churches or daycare centers with main entrances within 500 feet of business's main entrance, measured by the shortest route of ordinary pedestrian travel along public thoroughfares: _____

Names and addresses or locations of all schools and public parks within 500 feet of business, as measured from the business's main entrance to the nearest part of the property used for a school or public park using the shortest route of ordinary pedestrian travel along public thoroughfares:

Names and addresses of all existing business that sell alcoholic beverages within 2,500 feet of proposed business's main entrance, as measured by the shortest route of ordinary pedestrian travel along public thoroughfares: _____

Names, addresses, and telephone numbers of five business references who may vouch for the character, business integrity, and past history of the business or its owner(s):

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

Under penalty of perjury, the undersigned swears or affirms that the information in this application is true to the best of his or her knowledge, information, and belief.

Printed name:
Title: