

**CITY OF BEAUMONT**  
**ALCOHOLIC BEVERAGE LICENSE APPLICATION**

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Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (1): \_\_\_\_\_

Mailing Address (2): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date Business Opened \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Type of Ownership:      ( ) Corporation      ( ) Partnership      ( ) Sole Proprietor      ( ) Other

Business Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Owner/Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address (1): \_\_\_\_\_

Mailing Address (2): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ DL# \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Co-Owner/Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address (1): \_\_\_\_\_

Mailing Address (2): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ DL# \_\_\_\_\_

Co-owner Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

License Agent (if any): \_\_\_\_\_

Type of License(s) Applied For: \_\_\_\_\_

Indicate the type of business for which the alcoholic beverage license is being requested (check one).

\_\_\_\_\_ Sale of alcoholic beverages as a primary retail use (example: 7-11 stores).

\_\_\_\_\_ Sale of alcoholic beverages and on-premise consumption as a secondary accessory use to a primary use (example: restaurant).

\_\_\_\_\_ Sale of alcoholic beverages and on-premise consumption of alcoholic beverages as a primary use (example: lounge, bar, etc.).

Will you have sexually oriented entertainment such as exotic dancers, strippers or other similar entertainers from which minors under the laws of the State of Texas will be excluded from seeing unless accompanied by a consenting parent or guardian or spouse?      ( ) Yes      ( ) No

Is this a request for a license for an existing business in the same location for which a license has previously been issued?      ( ) Yes      ( ) No

**I certify that the above information is complete and accurate.**

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

\_\_\_\_\_  
Date