



ENVIRONMENTAL SERVICES DEPARTMENT
APPLICATION FOR BYOB PERMIT

TYPE OF PERMIT - INITIAL [] RENEWAL [] CHANGE OF NAME [] CHANGE OF OWNERSHIP []

TYPE OF ESTABLISHMENT _____

ESTABLISHMENT

NAME OF ESTABLISHMENT _____

NAME OF BUSINESS ON SALES TAX PERMIT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMERGENCY PHONE NUMBER _____

OWNER (S) - MAILING ADDRESS

EMAIL ADDRESS _____

OWNER'S NAME _____

FOR INDIVIDUAL: D.O.B. _____ D.L.# _____ YR. EXPIRES. _____

BUSINESS NAME ON SALES TAX PERMIT: _____

FOR BUSINESS: SALES TAX PERMIT NO.: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMERGENCY PHONE NUMBER _____

MANAGER (S)

NAME _____ D.O.B. _____ D.L.# _____ YR. EXPIRES _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMERGENCY PHONE NUMBER _____

CERTIFIED STATEMENT - SIGNING BELOW ATTESTS TO EACH OF THE FOLLOWING STATEMENTS

- THE BYOB PERMIT IS NON-TRANSFERABLE.
I UNDERSTAND THAT ANY PERMIT GRANTED ON THIS APPLICATION MAY BE SUSPENDED OR REVOKED AND THAT FAILURE TO COMPLY WITH THE CODE OF ORDINANCES AND LAWS OF THE STATE OF TEXAS SHALL BE DEEMED SUFFICIENT CAUSE FOR THESE AND OTHER ENFORCEMENT ACTIONS.
TO THE BEST OF MY KNOWLEDGE ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE
I UNDERSTAND THE CITY WILL CONDUCT A CRIMINAL BACKGROUND CHECK FOR EACH PERSON LISTED AS OWNER, APPLICANT, AGENT, OR MANAGER, AND BY MY SIGNATURE BELOW AUTHORIZE SUCH BACKGROUND CHECK.
SHOULD ANY OF THE INFORMATION GIVEN ON THIS APPLICATION CHANGE OR BECOME IN ANY WAY INVALID, INACCURATE OR INCOMPLETE, I WILL NOTIFY THE ENVIRONMENTAL SERVICES DEPARTMENT IN WRITING WITHIN FIFTEEN (15) DAYS OF THAT CHANGE.

APPLICANT'S SIGNATURE _____ TITLE _____

FEE SUBMITTED _____ DATE _____

PLEASE TYPE OR PRINT FIRMLY. ALL LINES MUST BE COMPLETED FOR ACCEPTANCE

FOR OFFICE USE ONLY

DATE PERMIT GRANTED _____ INSPECTOR _____ PERMIT # _____

EXPIRATION DATE: _____

