

JANA LEWELLEN
CITY SECRETARY



CITY OF TEMPLE

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
RENEWAL ONLY

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PHONE NUMBER OF BUSINESS: _____

OTHER DAYTIME PHONE NUMBER: _____

I have reviewed my current "Application for Alcoholic Beverage License" on file with the City of Temple. There is no change of ownership. I have noted any other changes.

I am requesting renewal permit for:

Type of License _____ Fee: \$ _____

Date: _____ Signature: _____

For City Use Only:

Application Received by: _____

Date Received: _____

Fees Collected: \$ _____ Receipt: # _____

Renewal License No. _____

Cashier receiving payment: _____