

Application for Certification of “Wet” Status inside Gilmer City Limits

1. Type of TABC permit applying for: _____

2. Indicate primary business at this location: _____

3. Business name: _____

4. Business owner: _____

5. Location address: _____

City: _____ County: _____ State: _____ Zip: _____

6. Business owner’s mailing address: _____

City: _____ State: _____ Zip: _____

7. Business phone no.: _____ Cell phone no.: _____

Business owner’s phone no.: _____ / Cell phone no.: _____

Business owner’s email address: _____

Signature of applicant: _____ Date: _____

Printed name of applicant: _____

\$50.00 Administrative processing fee received: _____

I have observed the primary business address listed above is zoned: _____
and is approved / not approved (circle one) for “Wet” status inside Gilmer City limits

Signature of Community Development Coordinator: _____

Date: _____