



LIQUOR LICENSE VERIFICATION

Development Services Department

2406 Leopard St. Corpus Christi, TX 78408 Phone: 361.826.3240 Fax: 361.826.4375 PermitRequests@cctexas.com

Name of Business: _____

Change of Location to: _____

Business License Applied for: _____

Zoning of Business: _____

Primary Business at This Location: _____

On-Premise License

Off-Premise License

License Statement of Officer

I, attest that the distance between the places of business that is within the corporate limits of Corpus Christi that dispenses and sells alcoholic beverages for on-premises consumption is not within 300 feet of any church, public hospital, public or private school, child-care facility, or day-care center; in accordance with the Code of Ordinances Sec. 4-5.

Approved

Disapproved _____

I affirm that the proposed licensee's place of business is located in a zone where alcoholic beverages are permitted to be sold.

Approved

Disapproved _____

Is a new Certificate of Occupancy required for this location? **Yes** **No**

Already applied for C of O

Needs to apply for C of O

C of O Exists

Zoning Approver's Name: _____ **Date:** _____

Approver's Name: _____ **Date:** _____