



**TOWN OF SUNNYVALE
LOCAL ALCOHOL BEVERAGE PERMIT
APPLICATION & CERTIFICATION**

Revised 8/10/18

Date: _____

Applicant's Name: _____

**Business / Trade Name of
Location:** _____

Location Address:
Street #, Name, City, State, Zip _____

Mailing Address:
Street #, Name, City, State, Zip _____

Applicant's Phone: () _____ **Email:** _____

TABC Permit Type (RM or BQ): _____

REQUIRED SUBMITTAL DOCUMENTS:

The applicant shall indicate whether the following documents have been included with the application:

YES NO DESCRIPTION

 TABC On-Premise Prequalification Packet (filled out and notarized)

 TABC Off-Premise Prequalification Packet (filled out and notarized)

The Below SECTION TO BE FILLED OUT BY Town STAFF ONLY

CRITERIA FOR APPROVAL

Has a Specific Use Designation (SUD) for on-premise or off-premise sales? Yes No

The requested permit appears to be located within the following area(s):

300 feet of a religious institution (measured front door to front door) Yes No
300 feet of a public hospital (measured front door to front door) Yes No
300 feet of a public or private school (measured property line to property line) Yes No

Zoning and distance verification / approval (Development Services):

Printed Name: _____ Date: _____

Signature: _____