

CITY OF SIMONTON PERMIT APPLICATION REVIEW

Permit Number:	Application Received:		
	Referred to Building Dept.:		
Permit fee: After first three years, is one-half of the state fee.	Returned to City Secretary:		8
Business Name:			
Business Address:			
Applicant Name:			
Applicant Address:			
Business Owner Name:			
Business Owner Address:			
Property Owner Name:	,		
Property Owner Address:			
Parcel Number:			
REVIEW CRITERIA		COMPLIANCE	
A. The business is NOT located within a re	sidential area.	Y	N
B. The business is located at least 300 feet hospital.	from the nearest: church/public	Y	N
C. The business is located at least 1,000 feet from the nearest public school, if city council receives a request from the Board of trustees of a school district under Section 38.007, Education Code		Y	N
D. The business is located at least 1,000 feet from the nearest private school, if the City Council receives a request from the governing body of the private school.		Y	N
	compliance of one or more of the items ace to the distance requirements by City (inless the
Per the TABC: Distances for churches or public hospitals shal fronts and in a direct line across intersections. Distances for p the school to the nearest property line of the place of business, a	nublic schools shall be measured in a direct line from th and in a direct line across intersections.	ne nearest pro	operty line of
FOR C	OFFICE USE ONLY		
	Department Approval		1:
The undersigned hereby certifies that the a regulations for the sale of beer and wine.	dove referenced business is located v	viuiiii all	distance
Duilding	Deter		
Building: [Signature]	Date:		
Printed Name:			