

## BEVERAGE LICENSE APPLICATION

Cash	
Check / CC	
Received \$	
Receipt No	
Date:	

PERMIT	NUMBER	

Name of Business:		
Type of Business:	Type of Ow	vnership:
Mailing Address:		
		Zip:
Business Phone:	Contact Perso	n:
Emergency Phone:	Contact Person:	
Fed Tax ID #		
Sales Tax Permit #	Permit # Issue Date (attach copy):	
		Date (attach copy):
Home/Cell Phone :	Alt Phone :	
Mailing Address :		
		Zip:
		:
		Zip:
	ess activity within the City of Choc	I will observe and conform to all codes and taw. I also understand and agree, if this
Signature of Applicant		Date

# INTOXICATING AND NON-INTOXICATING BEVERAGE PERMIT APPLICATION POLICIES AND PROCEDURES

- 1. Please fill out the attached application completely, date and sign. If any requirement is not satisfied a reason is thereby created for the denial of a permit
- 2. Applicant shall provide a copy of State and County Beverage Licenses and State Sales Tax Permit.
- 3. Permit shall be posted in plain view of the Public
- 4. Applicant shall pay to the City of Choctaw an annual permit fee on or before expiration date.
- 5. Renewal notice will be mailed in month of permits expiration date.

#### **FEES**

(Non-Refundable)

1.	Annual Permit Fee for consumption on the premises—Low Point	\$ 20.00
2.	Annual Permit Fee for consumption off the premises—Low Point	\$ 10.00

### ANNUAL OCCUPATION TAX

(Non-Refundable)

## (For Official Use Only)

	Permit #
Name of Business:	
The above establishment does does not Selling and / or Serving alcoholic beverages.	_ meet requirements of the City of Choctaw for
Comments:	
Copy of permit and licenses submitted: [ ] Yes [ ] No	
Approved [ ] Denied [ ]	
Signature of Official	Date