



CITY OF SOCORRO  
PLANNING AND ZONING DEPARTMENT  
LICENSE ZONING APPROVAL  
Sales of Alcoholic Beverages

**APPLICANT**

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Sales/Space: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Type of Establishment: Bar ( ) Restaurant ( ) Package Store ( ) Other (specify) \_\_\_\_\_

Type of Liquor License: Beer/ Wine ( ) Mixed Beverages ( ) Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**DEPARTMENTAL USE**

Zoning District \_\_\_\_\_ Liquor Sales Permitted? \_\_\_\_\_ District No. \_\_\_\_\_

Does Special Condition/ Contract Prohibit the sale of alcoholic Beverages? \_\_\_\_\_

TABC application approved by: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**FIELD INVESTIGATION**

Distance from School: \_\_\_\_\_ Distance from Church: \_\_\_\_\_

Distance from Hospital: \_\_\_\_\_ Distance from Residential Zone: \_\_\_\_\_

Other Alcoholic Beverages Sales in Area: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date issued: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Comments: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_