



Planning and Inspections Department

<https://www.elpasotexas.gov/planning-and-inspections>

Sale of Alcoholic Beverages Zoning Approval Application

(Please print)

Applicant Name: _____ Email Address: _____
Business Name: _____
Business Phone: () _____ Alternate Phone: () _____
Business Address: _____ Suite / Space: _____
Property Identification Number (PID): _____
Mailing Address: _____
Previous Occupancy / Use? _____ If currently vacant, how long? _____

Applicant Signature

Date

***** A City License must be obtained after the Texas Alcoholic Beverage Commission (TABC) License is issued. *****

*You may drop off your completed application along with the **first page of the completed TABC application** for processing at:*

Planning and Inspections Department

One-Stop Shop

811 Texas Avenue
El Paso, Texas 79901
(915) 212-0104

Via email to:
OSSHelp@elpasotexas.gov

Via fax to:
(915) 212-0105 (Attention: Alcohol License)

FOR DEPARTMENT USE ONLY

Zoning District _____ Liquor sales permitted? Yes ___ No ___ Representative District No. _____
Does Special Condition / Contract Prohibit the sale of Alcoholic Beverages? Yes ___ No ___

Field Investigation

Distance from School:	Distance from Church:
Distance from Hospital:	Distance from Commercial Day Care:
Other Alcoholic Beverage Sales in Area:	

Inspector: _____ Date completed _____ / ____ / ____
Comments: _____

APPROVED

DENIED

Reason(s) for denial (per the El Paso Municipal Code):

NOTICE TO APPLICANTS

The City Council may grant an exception from prohibition of the sale of alcoholic beverages within three hundred feet of a church, school, commercial day care or public hospital after notice and public hearing if the Council determines that the enforcement of the prohibition in a particular instance:

- a. Is not in the best interest of the public;
- b. Constitutes waste of the inefficient use of land or other resources;
- c. Creates an undue hardship on an applicant;
- d. Does not serve its intended purpose;
- e. Is not effective or necessary; or
- f. For any other reason the city council, after consideration of the health, safety, and welfare of the public and the equities of the situation, determines is in the best interest of the community.

(IF YOUR APPLICATION IS DENIED AND YOU BELIEVE YOU MEET AT LEAST ONE OF THE CRITERIA LISTED ABOVE, WOULD YOU LIKE TO REQUEST AN APPEAL FOR AN EXCEPTION OF YOUR DENIAL TO THE EL PASO CITY COUNCIL? IF SO, PLEASE CHECK THE BOX BELOW, ALONG WITH YOUR SIGNATURE AND DATE.)

Applicant Signature

Date