



City of Rosenberg
LIQUOR LICENSE APPLICATION
2220 4th Street, Rosenberg, Texas 77471
Telephone: 832-595-3500

License No.: _____
(for office use only)

Email: Registration@rosenbergtx.gov

Name of Establishment: _____

Location of Establishment: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Type of Business:

Sole Proprietorship	Corporation	Partnership	Association
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1 st Time Applying	Renewal
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Owner or Corporation Information:

Owner Name: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

TABC Type of License Issued: _____

TABC License Number: _____

TABC License Expiration Date: _____

TABC License issued to: _____

Liquor License Type:

On Premise	Off Premise	Late Hours Certificate
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Please submit all TABC licenses and receipts along with this application to registration@rosenbergtx.gov

Applicant's Signature

Date

UNDER NO CIRCUMSTANCES WILL PAID FEES BE REFUNDED OR TRANSFERRED.