

Austin Police Department Liquor License Information Form

Tracking # City Clerks Office: _____

The Austin Police Department conducts background checks on all applicants. Applicants should fill out this form and send it to the Alcohol Control Team via email at ACT@austintexas.gov or via fax at 512.974.8601. Questions or optional delivery options can be referred to the Alcohol Control Team at 512.974.5177.

NOTE* *If there are multiple applicants, partners or stockholders, we need a form for each person. Please fill out a personal information form for each person who has a major interest in the business. This includes silent partners with a financial interest only.*

Applicant Personal Information

(Not the contact person)

Last Name:		Date of Birth:	
First Name:		Identification Type:	
Middle Name:		Identification State:	
Social Security Number:		Identification #:	
Phone Number:		Marital Status:	
Place of Birth:			

Home Addresses for last 5 years

(Starting with current address)

Number & Street	City, State, ZIP	From (mm/yyyy)	To (mm/yyyy)

Employment for last 5 years

(Starting with current position)

Name	Address (Street, City, State, ZIP)	Position Held	From (mm/yyyy)	To (mm/yyyy)

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US Residency Status

Are you a US Citizen?	
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If Yes, are you native born?		Or are you Naturalized?	
If Naturalized, provide "A" number:			

If No, what is your legal status in the US? (Provide registration numbers if applicable.)

Additional Persons

(List all additional people in your household over 18 years of age.)

Last Name:		Date of Birth:	
First Name:		Identification Type:	
Middle Name:		Identification State:	
Social Security Number:		Identification #:	
Work Address:		Work Phone #:	

Last Name:		Date of Birth:	
First Name:		Identification Type:	
Middle Name:		Identification State:	
Social Security Number:		Identification #:	

Last Name:		Date of Birth:	
First Name:		Identification Type:	
Middle Name:		Identification State:	
Social Security Number:		Identification #:	

Last Name:		Date of Birth:	
First Name:		Identification Type:	
Middle Name:		Identification State:	
Social Security Number:		Identification #:	

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Business

Name of Business (Not LLC):			
Address: Number & Street			
City, State, ZIP			
Type of Business: (Example: Restaurant, Bar, Convenience Store, Liquor Store)			
Work Phone Number:			

TABC License Information

Type of license(s) you are applying for: Example (BG, FG, etc)			
If renewal, change or supplemental, provide current license #:			

Property Owner

(Name of a person, not a business name)

Last Name:		Date of Birth:	
First Name:		Identification Type:	
Middle Name:		Identification State:	
Social Security Number:		Identification #:	