

APPLICATION FOR BYOB VENUE PERMIT

In compliance with Chapter 4-11 of the Austin City Code, the following information and request is submitted:

Section 1: BYOB Venue Information

Venue Name: _____

Physical Address: _____
City Zip

Mailing Address: _____
City Zip

Phone: () - Alternate Phone: () -

BYOB Email: _____

Section 2: Type of Permit

Application is for _____ Original _____ Renewal

Current permit number (if applicable) _____

Section 3: Applicant is

_____ individual

_____ partnership

_____ limited partnership

_____ limited liability partnership

_____ corporation

_____ limited liability company

BYOB Venue Permit Application/WPDR use only

Submitted: _____

Approved: _____ yes _____ no

Permit number _____

Section 4: Applicant Information

Last Name: _____

First Name: _____

Middle Initial: _____ Date of Birth (MM/DD/YYYY) _____

Residential Address: _____
City Zip

Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email address: _____

Title (ex: Director/owner/manager) _____

Section 5: Information

Has the proposed location been reviewed for compliance with Title II of the American with Disabilities Act of 1990? _____ yes _____ no

Does the applicant own the building at the proposed location? _____ yes _____ no

Does the applicant own the land at the proposed location? _____ yes _____ no

Is the applicant a lessee of the property? _____ yes _____ no

Will the venue embrace the entire building, grounds, and appurtenances at the address shown as the location? _____ yes _____ no

Have you attached the required diagram? _____ yes _____ no

What types of services will be provided at the venue? _____

BYOB Venue Permit Application/WPDR use only

Submitted: _____

Approved: _____ yes _____ no

Permit number _____

Section 6: Property Owner Information

Indicate if the information entered below is for:

____ owner of land and building ____ owner of land ____ owner of building

Please fill out information below for each owner. If additional spaces are needed, please make a copy of this form until all owners are identified.

Last name: _____

First name: _____

Middle Initial: _____ Date of Birth (MM/DD/YYYY): _____

Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Address: _____
City Zip

Section 7: Lease Information

Name of Property Management Company (if any): _____

Address: _____
City Zip

Phone: (____) _____ - _____

Name of Contact Person/Title: _____

Length of Lease: _____

Options: _____

BYOB Venue Permit Application/WPDR use only

Submitted: _____

Approved: ____ yes ____ no

Permit number _____

Section 8: Partnership Information

Entity Name: _____

Date Approved: _____

Are all partners at least 18 years of age or older: ____ yes ____ no

Information for each partner must be filled out. If additional spaces are needed, please make a copy of this form until all partners are identified.

Last name: _____

First name: _____

Middle Initial: _____ Date of Birth (MM/DD/YYYY): _____

Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Address: _____
_____ City Zip

Last name: _____

First name: _____

Middle Initial: _____ Date of Birth (MM/DD/YYYY): _____

Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Address: _____
_____ City Zip

BYOB Venue Permit Application/WPDR use only

Submitted: _____

Approved: ____ yes ____ no

Permit number _____

Section 9: Corporation/Limited Liability Company Information

Entity Name: _____

Charter Number: _____ Date Approved: _____ State: _____

Are at least 51% of each class of shares, memberships, or units owned by persons who are at least 18 years of age or older? ____ yes ____ no

Number and class of shares, memberships, or units issued: _____

Information for each officer; director/manager; stockholder/member must be filled out. If additional space is needed, please make a copy of this form

Last name: _____

First name: _____

Middle Initial: _____ Date of Birth (MM/DD/YYYY): _____

Class and number of shares, memberships, or units held: _____

Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Address: _____
City Zip

Last name: _____

First name: _____

Middle Initial: _____ Date of Birth (MM/DD/YYYY): _____

Class and number of shares, memberships, or units held: _____

Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Address: _____
City Zip

BYOB Venue Permit Application/WPDR use only

Submitted: _____

Approved: ____ yes ____ no

Permit number _____

Section 10: Venue Management Information

Information for each member of management must be filled out. If additional space is needed, please make a copy of this form.

Last name: _____

First name: _____

Middle Initial: _____ Date of Birth (MM/DD/YYYY): _____

Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Address: _____
_____ City Zip

Last name: _____

First name: _____

Middle Initial: _____ Date of Birth (MM/DD/YYYY): _____

Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Address: _____
_____ City Zip

Last name: _____

First name: _____

Middle Initial: _____ Date of Birth (MM/DD/YYYY): _____

Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Address: _____
_____ City Zip

BYOB Venue Permit Application/WPDR use only

Submitted: _____

Approved: ____ yes ____ no

Permit number _____

Section 11: Sign and Notarize

If applicant is an individual, then the individual owner must sign.

If applicant is a partnership, then a partner must sign.

If applicant is a corporation, then an officer must sign.

If applicant is a limited liability company, then an officer or manager must sign.

If applicant is a limited liability partnership, then the general manager must sign.

Print Name: _____

Signature*: _____

*Must appear as the name shown in Section 4 of this application

Before me, the undersigned authority, on this _____ day of _____, 20____ the person whose name is signed to the foregoing application personally appeared and, duly sworn by me, states under oath that he or she has read the said application and that all the facts therein set forth are true and correct.

Sign here: _____

Notary Public in and for the State of Texas

BYOB Venue Permit Application/WPDR use only

Submitted: _____

Approved: ____ yes ____ no

Permit number _____