



BYOB Venue Permit Application

In compliance with Chapter 4-11 of the Austin City Code, the following information and request shall be submitted.

For Office Use Only

Submitted: _____ Permit Number: _____ Approved: Yes No

To complete this form electronically: Open with Internet Explorer, then [Click Here to Save and continue.](#)

Section 1: BYOB Venue Information

Venue Name: _____

Venue Street Address: _____

City: _____ Zip: _____

Venue Mailing Address: _____

City: _____ Zip: _____

Phone: (___) ___ - _____ Alternate Phone: (___) ___ - _____

BYOB Email: _____

Section 2: Permit Type

Application: Original Renewal Current Permit Number (if applicable): _____

Section 3: Applicant Type

- Individual
- Partnership
- Limited Partnership
- Limited Liability Partnership
- Corporation
- Limited Liability Company

Section 4: Applicant Information

Applicant Last Name: _____ First Name: _____

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

Applicant Street Address: _____

City: _____ Zip: _____

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

Applicant Email: _____

Title (ex: Director, Owner, Manager): _____

Section 5: Property Information

Yes No Has the property 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?

Types of services being provided: _____

Section 6: Property Owner Information

Complete information below for each owner. If more space is needed, please copy this form until all owners are identified.

Owner below is (*select one*): Land and Building Owner Land Owner Building Owner

Owner Last Name: _____ First Name: _____

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

Owner Address: _____

City: _____ Zip: _____

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

Section 7: Lease Information

Property Management Company Name (if applicable): _____

Company Address: _____

City: _____ Zip: _____

Phone: (____) ____ - _____

Contact Person Name/Title: _____

Lease Length: _____

Options: _____

Section 8: Partnership Information

Entity Name: _____

Date Approved: _____ All partners are at least 18 years of age or older: Yes No

Complete information below for each partner. If more space is needed, please copy this form until all partners are identified.

Partner Last Name: _____ First Name: _____

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

Partner Address: _____

City: _____ Zip: _____

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

Partner Last Name: _____ First Name: _____

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

Partner Address: _____

City: _____ Zip: _____

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

Partner Last Name: _____ First Name: _____

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

Partner Address: _____

City: _____ Zip: _____

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

Section 9: Corporation/Limited Liability Company Information

Entity Name: _____

Charter Number: _____ Date Approved: _____ State: _____

At least 51% of each class of shares, memberships, or units is owned by persons who are at least 18 years of age or older: Yes No

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

Complete information below for each officer, director/manager, and stockholder/member. If more space is needed, please copy this form.

Last Name: _____ First Name: _____

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

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

Address: _____

City: _____ Zip: _____

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

Last Name: _____ First Name: _____

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

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

Address: _____

City: _____ Zip: _____

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

Last Name: _____ First Name: _____

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

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

Address: _____

City: _____ Zip: _____

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

Last Name: _____ First Name: _____

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

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

Address: _____

City: _____ Zip: _____

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

Section 10: Venue Management Information

Complete information below for each member of management. If more space is needed, please copy this form.

Last Name: _____ First Name: _____

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

Address: _____

City: _____ Zip: _____

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

Last Name: _____ First Name: _____

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

Address: _____

City: _____ Zip: _____

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

Last Name: _____ First Name: _____

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

Address: _____

City: _____ Zip: _____

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

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 (Applicant Information) 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