



Business Information

Local Contact: _____ Local Contact Phone No.: _____

Name of Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

On Premise Consumption:*Type of Business:*

- | | | |
|---|---|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Nightclub/Bar/Lounge | <input type="checkbox"/> Dance Hall |
| <input type="checkbox"/> Sports Grill | <input type="checkbox"/> Hotel/Arena/Civic Center | <input type="checkbox"/> Sexually Oriented Business |
| <input type="checkbox"/> Other (describe) _____ | | |

Permit(s) Requested (Check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Mixed Beverage (MB) | <input type="checkbox"/> Mixed Beverage Late Hours (LB) | <input type="checkbox"/> Beverage Cartage (PE) |
| <input type="checkbox"/> Food & Beverage Cert. (FB) | <input type="checkbox"/> Wine and Beer Retailer's (BG) | <input type="checkbox"/> Private Club Beer & Wine (NB) |
| <input type="checkbox"/> Minibar Permit (MI) | <input type="checkbox"/> Beer Retailer's On-Premise (BE) | <input type="checkbox"/> Retail Dealer's On-Premise – late hours license (BL) |
| <input type="checkbox"/> Local Cartage Permit (E) – with BG only | <input type="checkbox"/> Catering (CB) | <input type="checkbox"/> Food & Beverage Cert. (FB) |
| <input type="checkbox"/> Brewpub License (BP) | <input type="checkbox"/> Private Carrier's Permit (O) – Brewpubs (BP) with a BG only | <input type="checkbox"/> Mixed Beverage Restaurant with Food and Beverage (RM) |
| <input type="checkbox"/> Other (describe) _____ | | |

Off Premise Consumption:*Type of Business:*

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Grocery/Convenience Store | <input type="checkbox"/> Drug Store | <input type="checkbox"/> Package Store |
| <input type="checkbox"/> Other (describe) _____ | | |

Permit(s) Requested (Check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Beer Retailer's Off-Premise (BF) | <input type="checkbox"/> Package Store (P) | <input type="checkbox"/> Wine and Beer Retailer's Off Premise (BQ) |
| <input type="checkbox"/> Wine Only Package Store (Q) | <input type="checkbox"/> Local Distributor (LP) | <input type="checkbox"/> Third-Party Cartage Permit (ET) |
| <input type="checkbox"/> Local Cartage Permit (E) | <input type="checkbox"/> Other (describe) _____ | |

Property Owner Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Owner Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Interest in Business/Authority to Make Application: _____

If you have any questions pertaining to the City of Lubbock's Zoning Certificate, please contact:

City of Lubbock Planning Department
City of Lubbock City Secretary's Office

Phone: (806) 775 - 2108
Phone: (806) 775 - 2061

E-mail: cityplanning@mylubbock.us
E-mail: ocs@mylubbock.us



Planning and Zoning Information

Gross Sq. Footage of

Bldg. or Tenant Space: _____ Zoning: _____ Sales Tax No.: _____

Parking Ratio: _____ Spaces Req. _____ Spaces Provided: _____

Separation Information

Is a Church or Hospital located within 300 feet of your establishment (door to door)? ☐ Yes ☐ No

Is a School (Public or Private), day care, or child care facility located within
300 feet of your establishment (property line to property line)? ☐ Yes ☐ No

On-site Beverage consumption

Applicable: ☐ Yes ☐ No

On-Site Beverage map created? ☐ Yes ☐ No

Distance Door to door? _____

Distance from Residential? _____

Z.B.A. Variance: _____ Case No.: _____

Comments: _____

Applicant Signature

I hereby certify that I have read and fully understand the zoning restrictions and ordinances applicable to this property and that all information contained herein is true and correct. I further understand that this certificate is issued subject to all applicable regulations of the City of Lubbock and the violation of any of these regulations may result in my being ordered to cease the violation or vacate the premises, as well as the revocation of this certificate. I understand that if licensed as a restaurant, this certificate only permits me to operate a restaurant with the incidental right to sell alcoholic beverages, and I certify that is my intent and purpose in acquiring this certificate.

Signature: _____ Date: _____

Planning Department Signature

Distance Map Created? ☐ Yes ☐ No

Distance Map Attached? ☐ Yes ☐ No

Alcohol Variance Required? ☐ Yes ☐ No

If so, Resolution No.: _____

I hereby certify that to the best of my knowledge, this request currently complies with all applicable zoning regulations of the City of Lubbock.

Signature: _____ Date: _____

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Additional Permitting/Inspection Requirements (For Applicant Use)

Are you applying for this Zoning Certificate in association with one of the following activities?

- | | | |
|---|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Remodel/Alteration | <input type="checkbox"/> No Construction |
| <input type="checkbox"/> Change in Occupancy Classification | <input type="checkbox"/> No Previous Certificate of Occupancy | <input type="checkbox"/> Serving Food or Ice |
| <input type="checkbox"/> Smoking Allowed in Facility | <input type="checkbox"/> Tattoo or Body Piercing Facility | |

If so, a Certificate of Occupancy may be required. Please request a Zoning Use Verification Form from the Planning Department and follow the steps outlined below:

Step One – Obtain Zoning/Land Use approval from the Planning Department for the proposed business use.

Step Two – Based on the above information if a valid Certificate of Occupancy is not found, no construction will take place or there is a change in occupancy classification, follow the procedures for an Investigative Certificate of Occupancy. A certificate of occupancy will be issued for new construction and remodel/alteration permits as part of the permit process at the completion of construction.

Step Three – Investigative Certificate of Occupancy requirements. This process starts with Building Safety. You will need to speak to a Commercial Plan Examiner to see what documents are required.

Step Four – When the permit for the Investigative Certificate of Occupancy has been paid for the applicant will pay for and set up an inspection from the Fire Marshal's Office.

Step Five – If the proposed business will serve food, ice, allow smoking or tattoo or body piercing, permits need to be obtained from Environmental Health.

Step Six – Once inspections have been completed from Building Safety and the Fire Marshal's Office application for the Investigative Certificate of Occupancy will be made to Building Safety.

Building Safety Office: 1314 Avenue K
Lubbock, Texas 79457
(806) 775 – 2087

Fire Marshal's Office: 1601 Mac Davis Lane
Lubbock, Texas 79401
(806) 775 – 2646

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