

## PLEASE PRINT CLEARLY

Applicant Signature

Date

Zoning District: \_\_\_\_\_

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**3. To be filled out by the:**

**DEPARTMENT OF THE CITY SECRETARY**

THIS CERTIFIES that the application for an Alcoholic Beverage License for the above described establishment has been reviewed by the necessary City of Plainview Departments, the location or address is in a wet area, and the sale of alcoholic beverages for which this license is sought is not prohibited by Charter, Ordinance or any amendment thereto of the City of Plainview.

\_\_\_\_\_  
Signature of City Secretary

\_\_\_\_\_  
Date