

**CITY OF BULLARD  
OFF-PREMISE LICENSE/PERMIT**

**DATE RECEIVED:**\_\_\_\_\_

**NAME:** \_\_\_\_\_

**LOCATION:**\_\_\_\_\_

○ **ZONING REVIEW:**

**In Compliance as Currently Zoned:** \_\_\_\_\_

**Will Need a Zone Change Request:** \_\_\_\_\_

**Will Need a Special Use Permit Request:** \_\_\_\_\_

\_\_\_\_\_  
**DATE:**  
(staff signature)

○ **DISTANCE REVIEW:**

**In Compliance With 300 ft. Requirement From Church, School,  
Day Care, and/or Hospital:** \_\_\_\_\_

\_\_\_\_\_  
**DATE:**  
(staff signature)

**Permit Fee: \$**\_\_\_\_\_

**Zoning Review Fee \$**\_\_\_\_\_