

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

DATE RECEIVED: _____

NAME: _____

LOCATION: _____

o ZONING REVIEW:

In Compliance as Currently Zoned: _____

Will Need a Zone Change Request: _____

Will Need a Special Use Permit Request: _____

DATE: _____

(staff signature)

o DISTANCE REVIEW:

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

DATE: _____

(staff signature)

Permit Fee: \$_____

Zoning Review Fee \$_____