

Application for Specialized Certificate of Occupancy
for Operating a Sexually-Oriented Business
City of Fort Worth, Texas

For Asst. Bldg. Official

Accepted date: _____

Response date: _____

INSTRUCTIONS: PLEASE REVIEW CHAPTER 5, ARTICLE 2, COMPREHENSIVE ZONING ORDINANCE, BEFORE PROCEEDING. APPLICANT IS TO COMPLETE ALL REQUESTED INFORMATION AND ALSO ATTACH A COPY OF ALL SUPPORTING DOCUMENTATION (PLEASE TYPE OR PRINT IN INK).

Date: _____

Proposed S.O.B. Address: _____ Zip: _____

S.O.B. Name: _____ Phone: _____

Name of Applicant (person name): _____

(Corporate name, if applicable) _____

(If representing a corporation, firm or partnership, see “**Articles of Incorporation/Parent and related corporations**” on the sheet titled “Items Required to Submit for Specialized Certificate of Occupancy. Documents must be provided to identify all corporate shareholders and directors or partners. Attachment sheets must be filled out by each individual who has an investment or ownership interest.)

1. This is a

____New Application ____Renewal or ____Amendment

2. If renewal or amendment, is there a change in the plans on file?

____No ____Yes If yes, submit new plans.

3. Please provide an accurate statement of all sexually-oriented business or entertainment activities intended to be conducted at the proposed location:

4. Will the business activity involve the sale or service of alcoholic beverages?

No Yes

5. If yes, do you have a T.A.B.C. License?

No Yes

6. If yes: License/Permit #: _____

Name of Holder: _____

7. Do you own this establishment/property?

No Yes

If no, you must provide documents showing a binding lease or demonstrate a legally enforceable right to acquire the same.

8. To the best of your knowledge, and measuring across city limit lines into neighboring city or rural areas, is the proposed S.O.B. location

within 1,000 feet of an existing:

(a) Religious Institution No Yes

(b) School- includes public and private, primary and secondary educational facilities up through and including the twelfth grade; and licensed day care centers for more than six children under 14 years of age.

No Yes

(c) Public Park No Yes

(d) Residential District No Yes

(e) The Downtown Tourism Area No Yes

(f) The Cultural District No Yes

(g) Other sexually oriented business not located within 300' of the I-35 and/or I-30 ROW line No Yes

(h) Areas designated, or designated within the last 10 years, as NEZ's, TIF's or PID's No Yes

or, within 1,500 of an existing:

(i) Other sexually oriented business that is located within 300' of the I-35 and/or I-30 ROW line No Yes

If "Yes" to any of the above, use the space provided below or an additional page to explain any claim to legal non-conformity.

9. Is the proposed S.O.B. location so close to the city limit lines that part of the 1,000 foot measurement was into a neighboring city or rural area?

___No ___Yes

If yes, you must submit a release, Attachment #2, from the governmental entity(s) in charge of that area, city/county, confirming the measurement.

10. Certification

I represent that I have personal knowledge of all statements made and information given in this application and that the information is true and correct; and,

If required by law, that an outdoor sign was posted in conformance with Chapter 5, Article 2, of the Comprehensive Zoning Ordinance and state law not later than the 60th day before the date the application was filed; and

I have read the provisions of Chapter 5, Article 2, of the Comprehensive Zoning Ordinance.

Applicant's Name: _____ Phone: _____
(Print actual individual's name)

Applicant's Signature: _____ Date: _____

(If corporation, firm, partnership, etc., print the name of individual signing the form. Individual must be a responsible individual of the corporation, firm, or partnership with authority to sign for said corporation, firm, or partnership.)

NOTICE: THE ZONING, BUILDING, OR OTHER ORDINANCES OF THE CITY MAY PLACE ADDITIONAL REQUIREMENTS ON THIS PROPERTY, USE, OR TYPE OF BUSINESS ACTIVITY. CONSULT WITH THE CITY'S DEPARTMENT OF DEVELOPMENT, LOWER LEVEL OF CITY HALL, REGARDING ALL OTHER REQUIREMENTS BEFORE INVESTING ANY MORE TIME OR MONEY INTO THIS LOCATION.