



CITY OF FORT WORTH, TEXAS
ALCOHOL PERMIT LOCATION VERIFICATION

INSTRUCTIONS: Applicant is to complete all requested information down to the double line and also attach a copy of the completed T.A.B.C. application form.

Name of Applicant: _____ Phone: _____

Name of Business: _____ Phone: _____

Application Address: _____ Zip: _____

Legal Description of Property: Lot: _____ Block: _____ Addition: _____

Is there or has been a T.A.B.C. license on the property before? Yes _____ No _____
If Yes, when does it or did it expire? _____

In addition to the sale of alcoholic beverages, please provide an accurate statement of all other business or entertainment activities to be conducted at the application address: _____

NOTICE: Approval of the processing form does not imply that the location/building is in compliance with all applicable ordinances. This form is only for distance check and zoning use. Consult with the Department of Development, lower level of City Hall, regarding all other requirements before investing any time or money.

FOR CITY USE ONLY

Date Received: _____ Mapso No.: _____ Council District: _____ Zoning on the property: _____

Is the location within 300' of a _____ If Yes, give address and date the use was established

Church? Yes ___ No ___
Public school? Yes ___ No ___
Public hospital? Yes ___ No ___
Private school? Yes ___ No ___

Is the location within 1000' feet of a private school protected by resolution? Yes ___ No ___
Comments: _____

BUILDING INSPECTORS CERTIFICATION

I hereby certify that I have personally inspected the property described above and my comments are:

- 1. The use as described by the applicant is allowed in this zoning? Yes ___ (by right ___ by legal nonconforming ___) No ___
2. The locatio is within 300' of a church, public school or public hospital? Yes ___ No ___
3. This location is within 1,000' of a private school protected by resolution? Yes ___ No ___
4a. If the zoning allows this use and the distance check complies, check the Yes box to the right and continue processing.
b. If zoning does not allow this use, check the No box, clear the paperwork and stop he processing.
c. If the zoning allows this use but the distance does not comply, check the No box, clear the paperwork, and forward to the Director for review. OK to issue Yes ___ No ___

Verified by: _____ Date: _____

(Inspector Signature and Printed Name)

Director's Comments: _____ OK to issue: Yes ___ No ___

Director's Signature: _____ Date: _____ (This approval not needed if the above box is marked YES)

T.A.B.C. application processed by: _____ Date: _____

Clerk, City Secretary