



Westworth Village
The Hidden Jewel of the Metroplex.

Alcoholic Beverage Permit Application

City of Westworth Village – City Secretary: 817-710-2526 – bbarrett@cityofwestworth.com
311 Burton Hill Rd., Westworth Village, TX 76114

- Application Type: Original/ New Permit (Certificate of Occupancy Needed)
 Annual Renewal Permit (Copy of Current TABC License Needed)

Westworth Village Local Alcohol Permit # (for annual renewals only): _____

APPLICANT INFORMATION

Name (must be same as the TABC applicant): _____

Address: _____

Email: _____ Phone #: _____

OWNER INFORMATION

Name (legal owner of the business): _____

Address: _____

Email: _____ Phone #: _____

BUSINESS INFORMATION

Name (as you would like it to appear on the permit): _____

Type of Business: _____

Address: _____

Legal Description: Lot #: _____ Block: _____ Subdivision: _____

Permit Issued to (please check one): Applicant Owner Business

Type of TABC Permit(s) (i.e. BE, BG, BL, CB, MB, etc.): _____

Must attach:

1. A copy of TABC license and receipt for all fees paid.
2. A separate sheet listing the name(s) and address(es) of all persons with an interest in such business.

Signature

Date

Name (Print)

FOR INTERNAL CITY USE ONLY

A. Application Routed to City Secretary on (date) : _____

B. CITY SECRETARY

- Initial Application Renewal Application

FOR NEW PERMITS ONLY – 4.02 Alcoholic Beverage Sales

- | | Date | Initials |
|---|-------|----------|
| <input type="checkbox"/> Public Hearing Scheduled | _____ | _____ |
| <input type="checkbox"/> Public Hearing Ad Placed in Newspaper with Affidavit Requested | _____ | _____ |
| <input type="checkbox"/> 1000' Letters Mailed & Copied to File | _____ | _____ |
| <input type="checkbox"/> Item has Been Placed on City Council Agenda | _____ | _____ |

- Permit Granted
- Permit Denied Date Denial Notice Mailed: _____
- Reissue Authorized

Signature (City Secretary) & Date: _____

C. INSPECTION

Application Received on (date): _____

Verify the following information has been inspected. Initial & date each verification

- | | Date | Initials |
|--|-------|----------|
| <input type="checkbox"/> Business has Valid TABC License | _____ | _____ |
| <input type="checkbox"/> Business has Certificate of Occupancy on File | _____ | _____ |
| <input type="checkbox"/> Business is Allowed to Sell Alcohol as Specified in Zoning District | _____ | _____ |
| <input type="checkbox"/> Business has had No Code Violations (reissues only) | _____ | _____ |

D. PERMITS DEPARTMENT

- | | Date | Initials |
|--|-------|----------|
| <input type="checkbox"/> Permit Number Issued: _____ | _____ | _____ |
| <input type="checkbox"/> Permit Mailed | _____ | _____ |
| <input type="checkbox"/> Filed in Permits Department with Certificate of Occupancy | _____ | _____ |

*** Route to City Secretary when Certificate of Occupancy is Revoked**

E. RECORDS DEPARTMENT

Retention: GR1000-36 – Keep until expiration, cancellation, revocation, or denial + 2 years.