



City of Irving
 Planning and Community Development
 Department
**Alcohol Distance and
 Zoning Verification Form**

For Office Use Only

CASE # _____
 Type of License (s) _____
 Fees: _____
 Seating Capacity _____
 Date Submitted _____

This form needs to be submitted along with a copy of the TABC packet

| Business Information |
|--|
| Business Address (Physical): |
| Business Trade Name: |
| Business Entity/ Owner Name: |
| Business Mailing Address (if different): |
| Business Owner Phone Number: |
| Business Owner Email Address: |

| Applicant Information |
|---------------------------------------|
| Applicant: |
| Applicant's relationship to Business: |
| Applicant's Phone Number: |
| Applicant's Email Address: |

Business Owner Signature _____ Applicant Signature _____

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PLANNING DIVISION

Ord. 2014-9539, Sec. 3.3

| | For On Premises Consumption | For Off Premises Consumption |
|--|--|--|
| Is the business located within 300 feet of a church or public hospital? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the business located within 300 feet of any private/public school? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the business located within 300 feet of any property zoned or classified as an "R" district or used for residential purposes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | N/A |

DISTANCE VERIFICATION: Completed by (**Inspector**) _____ on _____, 20____.

ZONING VERIFICATION: Property is Zoned _____ per Zoning Case _____.
 Verified by (**Planner**) _____ Date _____.

On- Premise Sales Permitted: Yes No **Off- Premise Sales Permitted** Yes No

APPLICATION APPROVED (Management): Printed Name _____

Signed _____ Date: _____

CITY SECRETARY

Received by: _____ Date: _____ Version 8-2021