



JENNIFER FOGG, COUNTY CLERK
ROCKWALL COUNTY, TEXAS
1111 EAST YELLOWJACKET LANE
SUITE 100
ROCKWALL, TEXAS 75087

NOTICE OF APPLICATION

THE STATE OF TEXAS

COUNTY OF ROCKWALL

Notice is hereby given that an application of the hereinafter named owner for license to sell beer at a location not licensed has been submitted to the Texas Alcohol Beverage Commission.

Substance of Application:

Type of License/Permit WINE ONLY PACKAGE STORE PERMIT

Exact Location of Business 1251 SO. STATE HWY 205 MCLENDON CHISHOLM, TX 75032

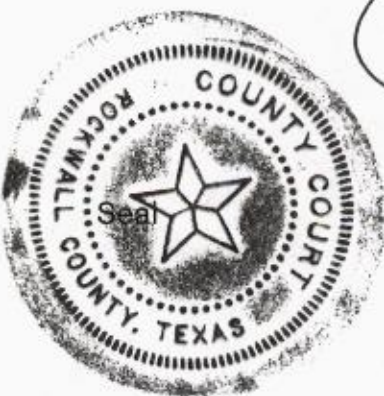
Name of Owner(s) CHILDERS N CHILDERS, LLC

Assumed or Trade Name CHISHOLM COUNTRY STORE

Corporation Name CHILDERS N CHILDERS, LLC

Name and Title of all Officers of Corporation NORINE R. CHILDERS, MANAGING MEMBER

Any person shall be permitted to contest the facts stated in said application and the applicant's right to secure said license or permit upon giving security for costs as provided by law.



WITNESS MY HAND this 20TH day of MAY

Jennifer Fogg, Rockwall County Clerk, Rockwall County, Texas

By [Signature]
County Clerk or Deputy Clerk

Rockwall County Clerk's Office
Jennifer Fogg, County Clerk
1111E. Yellowjacket Lane
Suite 100
Rockwall, TX 75087
(972) 204-6300

Receipt for Services

Cashier	ATUCKER	Batch #	220661
Customer Name	CHISHOLM COUNTRY STORE 1251 SO STATE HWY205 ROCKWALL, TX 75032	Date:	05/20/2021
		Time:	02:52:20PM

Date	Instrument No	Document Type	Transaction Type	Pg/Amt
		BEER WINE PERMIT HEARINGS		
			BEER WINE PERMIT HEARINGS	5.00
			Total:	\$5.00
		Fee Total:		\$5.00
CASH				5.00
		Payment Total:		\$5.00



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texas Helping Businesses & Protecting Communities

OFF-PREMISE PREQUALIFICATION PACKET

L-OFF (5/2021)

Submit this packet to the proper governmental entities to obtain certification for the type of license/permit for which you are applying as required by Sections 11.37, 11.39, 11.46(b), 61.37, 61.38, 61.42 and Rule §33.13
All statutory and rule references mentioned in this application refer to and can be found in the Texas Alcoholic Beverage Code or Rules located on our website. www.tabc.texas.gov/laws/code_and_rules.asp

LOCATION INFORMATION

1. Application for:		☒ Original	
☐ Reinstatement	☐ Reinstatement and Change of Trade Name	License/Permit Number _____	
☐ Change of Location	☐ Change of Location and Trade Name	License/Permit Number _____	
2. Type of Off-Premise License/Permit			
☐ BQ Wine and Beer Retailer's Off-Premise Permit	☐ LP Local Distributor's Permit		
☐ BF Beer Retail Dealer's Off-Premise License	☐ E Local Cartage Permit		
☐ P Package Store Permit	☐ ET Local Cartage Transfer Permit		
☒ Q Wine Only Package Store Permit	☐ PS Package Store Tasting Permit		
3. Indicate Primary Business at this Location			
☒ Grocery/Market	☐ Convenience Store without Gas		
☐ Liquor Store	☐ Miscellaneous _____		
☐ Convenience Store with Gas			
4. Trade Name of Location (Name of store, business, etc.) Chisholm Country Store			
5. Location Address 1251 So. State Hwy 205			
City McLendon Chisholm		County Rockwall	State TX
6. Mailing Address 1251 So. State Hwy 205		City Rockwall	Zip Code 75032
7. Business Phone No. 469-614-2069		Alternate Phone No. 469-688-7884	E-mail Address chisholmcountrystore@gmail.com

OWNER INFORMATION

8. Type of Owner		
☐ Individual	☐ Corporation	☐ City/County/University
☐ Partnership	☒ Limited Liability Company	☐ Other _____
☐ Limited Partnership	☐ Joint Venture	
☐ Limited Liability Partnership	☐ Trust	
9. Owner of Business /Applicant (Name of Corporation, LLC, etc.) Childers N Childers, LLC		

PRIMARY CONTACT PERSON

The primary contact person should be a person who can answer questions TABC may have about the application. The contact phone and email are mandatory and must be active and updated regularly. If additional information is needed, it will be requested from this contact person. Delays in responding to requests may delay the processing and approval of your permit/license.

10. Contact Person: Norine Childers	Relation to Business: Managing Member
Phone (mandatory): 469-688-7884	Email (mandatory): norine.childers@gmail.com

TABC DATESTAMP

11. Is the applicant, a veteran-owned business? ☐ Yes ☒ No

12. Is the applicant, a Historically Underutilized Business (HUB)? ☐ Yes ☒ No

13. As indicated on the chart, enter the business type that pertains to your business type:
(For additional space, use Form L-02C)

Individual/Individual Owner	Limited Liability Company/LLC
Partnership/All Partners	Joint Venture/Venture
Limited Partnership/All General Partners	Trust/Trustee(s)
Corporation/All Officers	City, County, University, School

Last Name Childers	First Name Norine	MI R	Title Managing Member
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title

14. Will your business be located within 300 feet of a church or public hospital? ☐ Yes ☒ No

NOTE: For churches or public hospitals, measure from front door to front door, using the property line as the street fronts and in a direct line across the street.

15. Will your business be located within 300 feet of any private/public school? ☐ Yes ☒ No

NOTE: For private/public schools, measure in a direct line from the nearest property line of the place of business to the school to the nearest property line of the place of business, and in a direct line across the street.

NOTE: If located on or above the first floor of a building, measure from the property line of the private/public school to the nearest property line of the building, and in a direct line across the street, vertically up the building at the property line in the front of the floor on which your business is located.

16. Will your business be located within 1,000 feet of a private school? ☒ Yes ☐ No

17. Will your business be located within 1,000 feet of a public school? ☐ Yes ☒ No

18. Has the business being acquired been in operation in the same county for more than one year before the acquisition? ☐ Yes ☒ No

If **Yes**, provide permit number for existing package store: _____

If **No**, this does not qualify as an acquisition, and will be considered a new location.

19. CHECK HERE IF NOT IN CITY LIMITS ☐

I, the applicant, have confirmed the location is not located within city limits, therefore city certifications are not required.

COMPLETE THE FOLLOWING CHECKLIST FOR THE APPLICATION

Per Sec. 102.01, a tied home is defined as any ownership interest in a home that is subject to a mortgage, deed of trust, or other security interest of the three-tier system. No person having an interest in a retail liquor by ABC that seeks to hold, directly or indirectly, an ownership interest in a business on a different level.

All required forms have been completed.
I have reviewed all forms to ensure they are complete.
I have obtained all required local and state certifications (pages 3-4).
All application packets have been notarized.
Phone numbers and email address for Contact Person are up to date.
All additional documentation as required by the application packets is attached.
If required, out of state criminal history checks are attached (PHS #7).
Certification of publication in local newspaper has been completed (page 5).
A copy of the newspaper publication is attached (page 5).

☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☐ Yes ☐ No ☒ N/A
☒ Yes ☐ No ☐ N/A
☒ Yes ☐ No ☐ N/A

WARNING AND SIGNATURE

If Applicant Is/ Must Sign

Individual/Individual Owner

Partnership Partner

Limited Partnership/General Partner

Corporation/Officer

Limited Liability Company/ Officer or Manager

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code states: "...a person who knowingly makes a false statement or false representation in an application for a permit or license or in a statement, report, or other instrument to be filed with the Commission and required to be sworn commits an offense punishable by imprisonment in the Texas Department of Criminal Justice for not less than 2 nor more than 10 years."

BY SIGNING YOU ARE SWEARING TO ALL INFORMATION AND ATTACHMENTS TO THIS PACKET.

PRINT
NAME

Norine Childers

SIGN
HERE

Norine Childers

TITLE

Owner / Mgr. Member

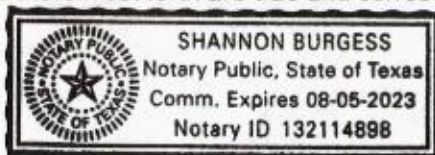
Before me, the undersigned authority, on this 20th day of May, 2021, the person whose name is signed to the foregoing application personally appeared and, duly sworn by me, states under oath that he or she has read the said application and that all the facts therein set forth are true and correct.

SIGN
HERE

Shannon Burgess

NOTARY PUBLIC

SEAL



CERTIFICATE OF CITY SECRETARY FOR P, Q, BF & BQ

Section 11.37 & 61.37

Not later than the 30th day after the date a prospective applicant for a license or permit requests certification, the city secretary or clerk shall certify whether the location or address given in the request is in a wet area and whether the sale of alcoholic beverages for which the license or permit is sought is prohibited by ordinance.

I hereby certify on this 20th day of May, 2021, that the location for which the license/permit is sought is inside the boundaries of this city or town, in a "wet" area for such license/permit, and not prohibited by charter or ordinance in reference to the sale of such alcoholic beverages.

OR

☐ I hereby refuse on this _____ day of _____, 20____ to certify this location.



Michelle Green
City Secretary/Clerk

Rockwall, TEXAS
City

CERTIFICATE OF COUNTY CLERK FOR P, Q & BF

Section 11.37 & 61.37

Not later than the 30th day after the date a prospective applicant for a license or permit requests certification, the county clerk shall certify whether the location or address given in the request is in a wet area and whether the sale of alcoholic beverages for which the license or permit is sought is prohibited by order.

I hereby certify on this 20th day of May, 2021, that the location for which the license/permit is sought is in a "wet" area for such license/permit, and is not prohibited by any valid order of the Commissioner's Court.

OR

☐ I hereby refuse on this _____ day of _____, 20____ to certify this location.



County Clerk

Rockwall
COUNTY

CERTIFICATE OF COUNTY CLERK FOR BQ

Section 11.37 & 61.37

Not later than the 30th day after the date a prospective applicant for a license or permit requests certification, the county clerk shall certify whether the location or address given in the request is in a wet area and whether the sale of alcoholic beverages for which the license or permit is sought is prohibited by order.

I hereby certify on this _____ day of _____, 20____, that the location for which the license/permit is sought as the place of business is in a "wet" area and is not prohibited by any valid order of the Commissioner's Court for a Wine and Beer Retailer's Off-Premise Permit.

Most current election for given location was held for:

- ☐ legal sale of all alcoholic beverages for off-premise consumption
- ☐ legal sale of all alcoholic beverages
- ☐ legal sale of all alcoholic beverages except mixed beverages
- ☐ legal sale of all alcoholic beverages including mixed beverages
- ☐ legal sale of mixed beverages
- ☐ legal sale of mixed beverages in restaurants by food and beverage certificate holders
- ☐ legal sale of wine on the premises of a holder of a winery permit
- ☐ legal sale of beer/wine (17%) on-premise or beer/wine off-premise **AFTER** Sept. 1, 1999
- ☐ legal sale of beer/wine (14%) on-premise or beer/wine off-premise **BEFORE** Sept. 1, 1999

OR

☐ I hereby refuse on this _____ day of _____, 20____ to certify this location.

SIGN

HERE _____

County Clerk

_____ COUNTY

SEAL

COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE

Sections 11.46(b) & 61.42(b)

This is to certify on this _____ day of _____, 20____, the applicant holds or has applied for and satisfies all legal requirements for the issuance of a Sales Tax Permit under the Limited Sales, Excise and Use Tax Act or the applicant as of this date is not required to hold a Sales Tax Permit and that none of the persons making this application are indebted to the State of Texas.

Sales Tax Permit Number _____ Outlet Number _____

Print Name of Comptroller Employee _____

Print Title of Comptroller Employee _____

SIGN

HERE _____

FIELD OFFICE _____

SEAL