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 at a location not licensed has been submitted to the Texas Alcohol Beverage Commission.

Substance of Application:

Type of License/Permit Mixed Beverage Restaurant Permit with Food and Beverage Certificate

Exact Location of Business 2083 Summer Lee Dr Suite P109, Rockwall, TX 75032

Name of Owner(s) Kyree LeRoy Liggins

Assumed or Trade Name Itzabella Fruiterie LLC

Corporation Name Itzabella Fruiterie LLC

Name and Title of all Officers of Corporation Kyree L Liggins LLC/Manager/Owner

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.

COUNTY COURT ROCKWALL COUNTY, TEXAS Seal

WITNESS MY HAND this 9th day of July, 2021

Jennifer Fogg, Rockwall County Clerk, Rockwall County, Texas

By _____
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 #** 225920

Customer Name ITZABELLA FRUITERIE LLC KRYEE LIGGINS **Date:** 07/08/2021 **Time:** 11:15:22AM

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**
CREDIT CARD	100224012582			5.00
			Payment Total:	**$5.00**

TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

ON-PREMISE PREQUALIFICATION PACKET

L-ON (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
Contact your local TABC office to verify requirements of Sections 11.391 and 61.381 as you may be required to post a sign at your proposed location 60-days prior to the issuance of your license/permit.
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 ☐ Add Late Hours Only License/Permit Number

☐ 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 On-Premise License/Permit

- ☐ **BG** Wine and Beer Retailer's Permit
- ☐ **BE** Beer Retail Dealer's On-Premise License
- ☐ **BL** Retail Dealer's On-Premise Late Hours License
- ☐ **BP** Brewpub License
- ☐ **V** Wine & Beer Retailer's Permit for Excursion Boats
- ☐ **MB** Mixed Beverage Permit
- ☐ **O** Private Carrier's Permit **–Brewpubs (BP) with a BG only**
- ☐ **LB** Mixed Beverage Late Hours Permit
- ☐ **MI** Minibar Permit
- ☐ **CB** Caterer's Permit
- ■ **FB** Food and Beverage Certificate
- ☐ **PE** Beverage Cartage Permit
- ■ **RM** Mixed Beverage Restaurant Permit with FB
- ☐ **E** Local Cartage Permit - **Wine/Beer retailers (BG) Only**

3. Indicate Primary Business at this Location

■ Restaurant ☐ Sporting Arena, Civic Center, Hotel ☐ Bar
☐ Grocery/Market ☐ Sexually Oriented ☐ Miscellaneous _____

4. Trade Name of Location (Name of restaurant, bar, store, etc.)
Itzabella Fruiterie LLC

5. Location Address
2083 Summer Lee Dr, Suite P109, Rockwall, TX 75032

City	County	State	Zip Code
Rockwall	Rockwall	TX	75032

6. Mailing Address
2083 Summer Lee Dr, Suite P109, Rockwall, TX 75032

City	State	Zip Code
Rockwall	TX	75032

7. Business Phone No.	Alternate Phone No.	E-mail Address
214-864-8749		itzabellafruiterie@gmail.com

OWNER INFORMATION

8. Type of Owner

- ☐ Individual
- ☐ Partnership
- ☐ Limited Partnership
- ☐ Limited Liability Partnership
- ☐ Corporation
- ■ Limited Liability Company
- ☐ Joint Venture
- ☐ Trust
- ☐ City/County/University
- ☐ Other _____

9. Owner of Business/Applicant (Name of Corporation, LLC, etc.)
Kyree LeRoy Liggins

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:	Relation to Business:
Kyree Liggins	Owner
Phone (mandatory):	Email (mandatory):
214-864-8749	itzabellafruiterie@gmail.com

TABC DATESTAMP

11.	Are you, the applicant, a veteran-owned business?	☐ Yes ■ No
12.	Are you, the applicant, a Historically Underutilized Business (HUB)?	☐ Yes ■ No

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

Individual/Individual Owner	Limited Liability Company/All Officers or Managers
Partnership/All Partners	Joint Venture/Venturers
Limited Partnership/All General Partners	Trust/Trustee(s)
Corporation/All Officers	City, County, University/Official

Last Name	First Name	MI	Title
Liggins	Kyree	L	LLC/Manager/Owner
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title

MEASUREMENT INFORMATION
Section 109.31 et seq.

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, along the property lines of the street fronts and in a direct line across intersections.*

15. Will your business be located within 300 feet of any private/public school, day care or child care facility? ☐ Yes ■ No

If "YES," are the facilities located on different floors or stories of the building? ☐ Yes ☐ No

***NOTE:** For private/public schools, day care centers and child care facilities, measure in a direct line from the nearest property line of the school, day care center or child care facility to the nearest property line of the place of business, and in a direct line across intersections.*

***NOTE:** For multistory building: businesses may be within 300 feet of a day care center or child care facility as long as the facilities are located on different floors of the building.*

***NOTE:** If located on or above the fifth story of a multistory building: measure in a direct line from the property line of the private/public school to property line of your place of business in a direct line across intersections vertically up the building at the property line to the base 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

60-DAY SIGN

18. If required under Section 11.391 and 61.381, provide exact date the required sign was posted at the location.	Exact Date (MM/DD/YYYY)

ALL APPLICANTS

19. IF YOUR LOCATION IS NOT WITHIN THE CITY LIMITS, CHECK HERE ☐
I, the applicant, have confirmed I am not located in the city limits of any city, therefore, city certifications are not required.

COMPLETE THE FOLLOWING CHECKLIST BEFORE SUBMITTING YOUR APPLICATION

Per Sec. 102.01, a tied house is defined as any overlapping ownership between those engaged in the alcoholic beverage industry at different levels of the three-tier system. No person having an interest in a permit issued by TABC may secure or hold, directly or indirectly, an ownership interest in a business on a different level.

All required forms have been completed.	■ Yes ☐ No
I have reviewed all forms to ensure they are complete.	■ Yes ☐ No
I have obtained all required local and state certifications (pages 3-5).	■ Yes ☐ No
All application packets have been notarized.	■ Yes ☐ No
Phone numbers and email address for contact person are up to date.	■ Yes ☐ No
All additional documentation as required by the application packets is attached.	■ Yes ☐ No
If required, out of state criminal history checks are attached (PHS #7).	■ Yes ☐ No ☐ N/A
Certification of publication in local newspaper has been completed (page 5).	■ Yes ☐ No ☐ N/A
A copy of the newspaper publication is attached (page 5).	■ Yes ☐ No ☐ N/A

WARNING AND SIGNATURE

IF APPLICANT IS SHOWN AS:	WHO MUST SIGN:
Proprietorship	Individual Owner
Partnership	Partner
Corporation	Officer
Limited Partnership	General Partner
Limited Liability Partnership	General Partner
Limited Liability Company	Officer/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."

I, UNDER PENALTY OF LAW, HEREBY SWEAR THAT I HAVE READ ALL THE INFORMATION PROVIDED IN THE APPLICATION AND ANY ATTACHMENTS AND THE INFORMATION IS TRUE AND CORRECT. I ALSO UNDERSTAND ANY FALSE STATEMENT OR REPRESENTATION IN THIS APPLICATION CAN RESULT IN MY APPLICATION BEING DENIED AND/OR CRIMINAL CHARGES FILED AGAINST ME. I ALSO AUTHORIZE THE TEXAS ALCOHOLIC BEVERAGE COMMISSION TO USE ALL LEGAL MEANS TO VERIFY THE INFORMATION PROVIDED.

PRINT NAME Kyree LeRoy Liggins **SIGN HERE** _____

TITLE Owner

Before me, the undersigned authority, on this 2nd day of July, 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 _____ **NOTARY PUBLIC**

KEVIN DEWAYNE WILLIAMS, II
Notary Public, State of Texas
Comm. Expires 10-07-2023
Notary ID 132201776

SEAL

CERTIFICATE OF CITY SECRETARY FOR MB, BG & BE

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 7th day of July, 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.

- ☐ **MB** Mixed Beverage Permit
- ☑ **MB/FB (RM)** Mixed Beverage Restaurant Permit with Food and Beverage Certificate (MB must also hold a Food and Beverage Certificate)
- ☐ **BG/FB** Wine and Beer Retailer's Permit with Food and Beverage Certificate (BG must also hold a Food and Beverage Certificate)
- ☐ **BG** Wine and Beer Retailer's Permit - **Election for given location was held for:**
  - ☐ legal sale of beer/wine (17%) on-premise ***AFTER*** Sept. 1, 1999
  - ☐ legal sale of beer/wine (14%) on-premise ***BEFORE*** Sept. 1, 1999
- ☐ **BE** Beer Retail Dealer's On-Premise License

OR

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

SIGN HERE Kristy Cole City Secretary/Clerk

CITY OF ROCKWALL TEXAS SEAL

City Rockwall **TEXAS**

SEAL

CERTIFICATE OF CITY SECRETARY FOR LATE HOURS LICENSE/PERMIT LB & BL

Chapters 29 & 70 et seq.

I hereby certify on this_____ day of_____, 20_____, that one of the below is correct:

☐ The governing body of this city has by ordinance authorized the sale of ***mixed beverages*** between midnight and 2:00 A.M.; or

☐ The governing body of this city has by ordinance authorized the sale of ***beer*** between midnight and _____ A.M.; or

☐ The population of the city or county where premises are located was 500,000 or more according to the 22nd Decennial Census of the United States as released by the Bureau of the Census on March 12, 2001; or

☐ The population of the city or county where premises are located was 800,000 or more according to the last Federal Census (2010).

OR

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

SIGN HERE _____ _____, **TEXAS**

City Secretary/Clerk — City

SEAL

CERTIFICATE OF COUNTY CLERK FOR MB, BG & BE

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 8th day of July, 20 21, that the location for which the license/permit is sought is in a **"wet"** area and is not prohibited by any valid order of the Commissioner's Court.

☐ **MB** Mixed Beverage Permit

☑ **MB/FB (RM)** Mixed Beverage Restaurant Permit with Food and Beverage Certificate (FB must also hold a Food and Beverage Certificate)

☐ **BG/FB** Wine and Beer Retailer's Permit with Food and Beverage Certificate (BG must also hold a Food and Beverage Certificate)

☐ **BG** Wine and Beer Retailer's Permit - **Election for given location was held for:**

- ☐ legal sale of beer/wine (17%) on-premise ***AFTER*** Sept. 1, 1999
- ☐ legal sale of beer/wine (14%) on-premise ***BEFORE*** Sept. 1, 1999

☐ **BE** Beer Retail Dealer's On-Premise License

OR

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

SIGN HERE Jennifer Fogg Rockwall **COUNTY**

County Clerk

SEAL

COUNTY COURT ROCKWALL COUNTY, TEXAS

CERTIFICATE OF COUNTY CLERK FOR LATE HOURS LICENSE/PERMIT LB & BL

Chapters 29 & 70 et seq

I hereby certify on this _____ day of _____, 20_____, that one of the below are correct:

☐ The Commissioner's Court of the county has by order authorized the sale of ***mixed beverages*** between midnight and 2:00 A.M.; or

☐ The Commissioner's Court of the county has by order authorized the sale of ***beer*** between midnight and _____ A.M.; or

☐ The population of the city or county where premises are located was 500,000 or more according to the 22nd Decennial Census of the United States as released by the Bureau of the Census on March 12, 2001; or

☐ The population of the city or county where premises are located was 800,000 or more according to the last Federal Census (2010).

OR

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

SIGN HERE _____ _____ **COUNTY**

County Clerk

SEAL

COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE

Section 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

PUBLISHER'S AFFIDAVIT FOR MB, LB, RM, BP, BG, BE, BL & V

Section 11.39 and 61.38

Name of newspaper		ATTACH PRINTED COPY OF THE NOTICE HERE Click here to see example of newspaper publication
City, County		
Dates notice published in daily/weekly newspaper (MM/DD/YYYY)		
Publisher or designee certifies attached notice was published in newspaper stated on dates shown.		
Signature of publisher or designee		
Sworn to and subscribed before me on this date (MM/DD/YYYY)		
Signature of Notary Public		
SEAL		

TEXAS ALCOHOLIC BEVERAGE COMMISSION
Texans Helping Businesses & Protecting Communities

OWNERSHIP INFORMATION
Continued for Prequalification Packet

L-OIC
(5/2021)

LOCATION INFORMATION

1. Trade Name of Location
Itzabella Fruiterie LLC

2. Location Address
2083 Summer Lee Dr, Suite P109, Rockwall, TX 75032

City	County	State	Zip Code
Rockwall	Rockwall	TX	75032

OWNER INFORMATION

3. Type of Owner

- ☐ Individual
- ☐ Partnership
- ☐ Limited Partnership
- ☐ Limited Liability Partnership
- ☐ Corporation
- ■ Limited Liability Company
- ☐ Joint Venture
- ☐ Trust
- ☐ City/County/University
- ☐ Other _____

Last Name	First Name	MI	Title
Liggins	Kyree	L	Owner
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title