TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

ON-PREMISE PREQUALIFICATION PACKET

L-ON (9/2019)

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 Florist

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

Lakeside Florist

5. Location Address

506 N. Goliad St.

City	County	State	Zip Code
Rockwall	Rockwall	TX	75087

6. Mailing Address

Mailing Address	City	State	Zip Code
506 N. Goliad St.	Rockwall	TX	75087

7. Business Phone No.	Alternate Phone No.	E-mail Address
972-771-4600	214-543-1908	lakesideflorist@yahoo.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.)

Tommie Wells

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 license/permit.**

10. Contact Person: Tommie Wells	Relation to Business: Owner
Phone (mandatory): 214-543-1908	Email (mandatory): lakesideflorist@yahoo.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
Wells	Tommie	J	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

15.a 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, enter the exact date the 60-Day sign was posted at your 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 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 Tommie Wells **SIGN HERE** _____

TITLE _____

Before me, the undersigned authority, on this _____ day of _____, 20___, 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

SEAL

CERTIFICATE OF CITY SECRETARY (FOR MB, RM & V)
Section 11.37

I hereby certify on this _____ day of _____, 20_____, 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.

SIGN HERE _____ _____, **TEXAS**
City Secretary/Clerk City

SEAL

CERTIFICATE OF CITY SECRETARY (FOR BG & BE)
Section 11.37 & 61.37

I hereby certify on this 20th day of July, 20 20, 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.

Election for given location was held for:

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

OR IF ABOVE DOES NOT APPLY:

Be advised the location must have had two election passages per Section 25.14 or Section 69.17 of the TABC Code. One for beer and wine off-premise and one for mixed beverage.

- ☒ legal sale of beer and wine for off-premise consumption only

AND EITHER:

- ☐ legal sale of mixed beverages

OR

- ☒ legal sale of mixed beverages in restaurants by food and beverage certificate holders (applicant must apply for FB with BG or BE)

SIGN HERE Kristy Cole _____ Rockwall, **TEXAS**
City Secretary/Clerk City

CITY OF ROCKWALL TEXAS SEAL

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).

SIGN HERE _____, **TEXAS**

City Secretary/Clerk — City

SEAL

CERTIFICATE OF COUNTY CLERK (FOR MB, RM & V)

Section 11.37

I hereby certify on this _____ day of _____, 20_____, 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.

SIGN HERE _____ _____ **COUNTY**

County Clerk

SEAL

CERTIFICATE OF COUNTY CLERK (FOR BG & BE)

Section 11.37 & 61.37

I hereby certify on this 20TH day of July, 2020, 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.

Election for given location was held for:

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

OR IF ABOVE DOES NOT APPLY:

Be advised the location must have had two election passages per 25.14 or 69.17 of the TAB Code. One for beer and wine off-premise and one for mixed beverage.

- ☒ legal sale of beer and wine for off-premise consumption only

AND EITHER:

- ☐ legal sale of mixed beverages

OR

- ☒ legal sale of mixed beverages in restaurants by food and beverage certificate holders (applicant must apply for FB with BG or BE)

SIGN HERE _____ Rockwall **COUNTY**

County Clerk

COUNTY COURT ROCKWALL COUNTY, TEXAS

SEAL

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

Receipt for Services

Cashier	LEDWARDS		Batch # 188777
Customer Name	LAKESIDE FLORIST 506 N GOLIAD STREET ROCKWALL, TX 75087	Date: 07/20/2020	Time: 11:42:59AM

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**