TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

FILE COPY

OFF-PREMISE PREQUALIFICATION PACKET

L-OFF (12/2019)

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

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 Q 996706

2. Type of Off-Premise License/Permit

- ☐ **BQ** Wine and Beer Retailer's Off-Premise Permit
- ☒ **BF** Beer Retail Dealer's Off-Premise License
- ☐ **P** Package Store Permit
- ☒ **Q** Wine Only Package Store Permit
- ☐ **LP** Local Distributor's Permit
- ☒ **E** Local Cartage Permit
- ☐ **ET** Local Cartage Transfer Permit
- ☒ **PS** Package Store Tasting Permit

3. Indicate Primary Business at this Location

- ☐ Grocery/Market
- ☐ Liquor Store
- ☐ Convenience Store with Gas
- ☐ Convenience Store without Gas
- ☒ Miscellaneous Florist

4. Trade Name of Location (Name of store, business, 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/Preston 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 permit/license.**

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

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? ☐ Yes ■ No

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

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

PACKAGE STORE ACQUISITIONS ONLY

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.

ALL APPLICANTS

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 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 3-4).	■ 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 4).	■ Yes ☐ No ☐ N/A
A copy of the newspaper publication is attached (page 4).	■ Yes ☐ No ☐ N/A

WARNING AND SIGNATURE

If Applicant Is/Must Sign	
Individual/Individual Owner	Corporation/Officer
Partnership/Partner	Limited Liability Company/ Officer or Manager
Limited Partnership/General Partner	

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."

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

PRINT NAME Tommie Wells **SIGN HERE** _____

TITLE Owner

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 P, Q, BF & BQ)

Sections 11.37 & 61.37

I hereby certify on this 30th day of September, 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.

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

SEAL CITY OF ROCKWALL TEXAS SEAL

CERTIFICATE OF COUNTY CLERK (FOR P, Q & BF)

Sections 11.37 & 61.37

I hereby certify on this 30th day of September, 20 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 Clerk — Rockwall **COUNTY**

SEAL COUNTY COURT ROCKWALL COUNTY, TEXAS

CERTIFICATE OF COUNTY CLERK (FOR BQ)

Section 11.37

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

SIGN HERE _____ _____ **COUNTY**

County Clerk

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.

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 BQ, BF, P & Q)

Sections 11.39 & 61.38

Name of newspaper		**ATTACH PRINTED COPY OF THE NOTICE HERE**
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		
Signature of Notary Public		**Hover over to see example**
SEAL		

TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

OWNERSHIP INFORMATION
Continued for Prequalification Packet

L-OIC
(12/2019)

LOCATION INFORMATION

1. Trade Name of Location			
Lakeside Florist			
2. Location Address			
506 N. Goliad St.			
City	County	State	Zip Code
Rockwall	Rockwall	TX	

OWNER INFORMATION

3. Type of Owner

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

Last Name	First Name	MI	Title
Wells	Tommie	J	Owner
Wells	Preston	O	Partner

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 #** 196627
Customer Name	LAKESIDE FLORIST 506 N GOLIAD ST ROCKWALL, TX 75087	**Date:** 09/30/2020	**Time:** 01:19:16PM

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**