



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

OFF-PREMISE PREQUALIFICATION PACKET

L-OFF (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

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 Miscellaneous |
| ☒ Liquor Store | ☐ _____ |
| ☐ Convenience Store with Gas | |

4. Trade Name of Location (Name of store, business, etc.)

Spec's Wines, Spirits & Finer Foods, Spec's Liquor #203, SFP Distribution

5. Location Address

650 S.W. E. Crawford Avenue

City	County	State	Zip Code
Fate	Rockwall	TX	75189

6. Mailing Address

2410 Smith, 4th Floor

City	State	Zip Code
Houston	TX	77006

7. Business Phone No.

PENDING

Alternate Phone No.

713-526-8787

E-mail Address

jrydman@specsonline.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.)

Spec's Family Partners, Ltd.

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: John Rydman

Relation to Business: Pres./Secy./Manager

Phone (mandatory): 713-526-8787

Email (mandatory): jrydman@specsonline.com

TABC DATESTAMP

GERALD FRANKLIN AGENCY
VIRGIE MARTINEZ
vmartinez@geraldfranklinagency.com
713-868-0068

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 2410 Smith, LLC	First Name FEI#76-0620974	MI	Title General Partner
Last Name KLR, LLC	First Name FEI#76-0620976	MI	Title General Partner
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? ☐ 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. 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 4). A copy of the newspaper publication is attached (page 4).	<table style="width: 100%;"> <tr><td>☐ Yes ☐ No</td></tr> <tr><td>☐ Yes ☐ No</td></tr> <tr><td>☐ Yes ☐ No</td></tr> <tr><td>☐ Yes ☐ No</td></tr> <tr><td>☐ Yes ☐ No</td></tr> <tr><td>☐ Yes ☐ No</td></tr> <tr><td>☐ Yes ☐ No</td></tr> <tr><td>☐ Yes ☐ No ☐ N/A</td></tr> <tr><td>☐ Yes ☐ No ☐ N/A</td></tr> <tr><td>☐ Yes ☐ No ☐ N/A</td></tr> </table>	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
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☐ 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 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

JOHN A. RYDMAN

SIGN
HERE

TITLE

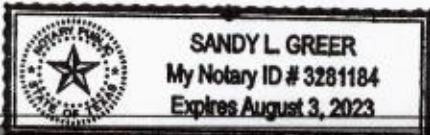
PRES./SECY/MANAGER OF GP

Before me, the undersigned authority, on this 29th day of January, 2020, 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 17th day of February, 2020, 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.

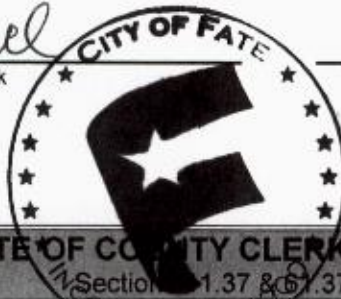
SIGN
HERE

City Secretary/Clerk

Fate
City

TEXAS

SEAL

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

Sections 11.37 & 61.37

I hereby certify on this 4th day of March, 2020, 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



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 16th day of February, 2020, 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 17415326481 Outlet Number 00318

Print Name of Comptroller Employee Colette Thomas

Print Title of Comptroller Employee E.O.

SIGN
HERE C. Thomas FIELD OFFICE 2431 Houston NW

SEAL**PUBLISHER'S AFFIDAVIT (FOR BQ, BF, P & Q)**

Sections 11.39 & 61.38

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



**TEXAS ALCOHOLIC
BEVERAGE COMMISSION**

Texans Helping Businesses & Protecting Communities

OWNERSHIP INFORMATION
Continued for Prequalification Packet

L-OIC
(09/2019)

LOCATION INFORMATION

1. Trade Name of Location

Spec's Wines, Spirits & Finer Foods, Spec's Liquor #203, SFP Distribution

2. Location Address

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City

Fate

County

Rockwall

State

TX

Zip Code

75189

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

2410 Smith, LLC

First Name

EIN#76-0620974

MI

Title

General Partner

Last Name

Rydman

First Name

John

MI

Title

Pres./Secy./Manager

Last Name

Heisler

First Name

Robert

MI

Title

V.Pres./Treas.

Last Name

First Name

MI

Title

Last Name

First Name

MI

Title

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☐ Trust

Last Name

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First Name

EIN#76-0620976

MI

Title

General Partner

Last Name

Rydman

First Name

Karen

MI

Title

Pres./Secy./Manager

Last Name

Heisler

First Name

Robert

MI

Title

V.Pres./Treas.

Last Name

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First Name

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Last Name

First Name

MI

Title

GERALD FRANKLIN AGENCY
2525 N. Loop W., Suite 275
HOUSTON, TEXAS 77008
713-868-0068
TELECOPIER: 713-868-2211
EMAIL: VMARTINEZ@GERALDFRANKLINAGENCY.COM

March 3, 2020

Lonestar Overnight Z5672383

TO: Rockwall County Clerk

FROM: Virgie Martinez

RE: Spec's Liquor #203

Hello,

Here is an alcoholic beverage application for a new store along with a check in the amount of \$5.00 for your service fee.

I have added a stamped self-addressed envelope for the return.

If you should have any questions or need anything else from me, please do not hesitate to contact me.

Thank You,

A handwritten signature in blue ink, appearing to read "Virgie", with a long horizontal flourish extending to the left.

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 # 177521
Customer Name	SPECS WINES SPIRITS & FINER FOODS #203	Date: 03/04/2020 Time: 01:58:42PM
	650 S W E CRAWFORD AVENUE	
	FATE, TX75189	

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
CHECK	122713			5.00
		Payment Total:		\$5.00