



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texas 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.)

STAGS PLAZA

5. Location Address

720 S. WILLIAM E. CRAWFORD AVE.

City	County	State	Zip Code
ROCKWALL	ROCKWALL	TX	75087

City	State	Zip Code
ROCKWALL	TX	75087

7. Business Phone No.	Alternate Phone No.	E-mail Address
832-488-3386	469-358-4339	BSLSAM2000@HOTMAIL.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.)
STAGS PLAZA, 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:	Relation to Business:
REBECCA JOYCE TOMPKINS	PERMITTING AGENT

Phone (mandatory):	Email (mandatory):
469-517-2021	RTOMPKINS@LSBAC.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 MAHA	First Name FD	MI H	Title HAH
Last Name ALAQR	First Name ABAWY	MI F	Title AWY
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).	☐ 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

**WARNING AND
SIGNATURE****If Applicant Is/Must Sign**

Individual/Individual Owner

Partnership/Partner

Limited Partnership/General Partner

Corporation/Officer

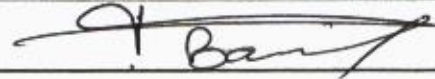
Limited Liability Company/ Officer or Manager

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

BASIL MAHAJDHAH

SIGN
HERE

TITLE

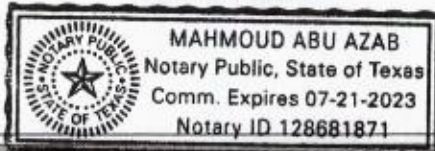
MANAGING MEMBER

Before me, the undersigned authority, on this 4th day of May, 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

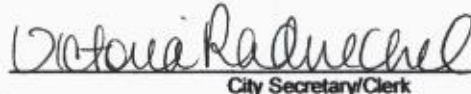
NOTARY PUBLIC

SEAL

**CERTIFICATE OF CITY SECRETARY (FOR P, Q, BF & BQ)**

Sections 11.37 & 61.37

I hereby certify on this 1st day of June, 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

SEAL


City

TEXAS

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

Sections 11.37 & 61.37

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 Clerk

SEAL

COUNTY

CERTIFICATE OF COUNTY CLERK (FOR BQ)

Section 11.37

I hereby certify on this 15TH day of June, 2020, 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 Clerk

Rockwall COUNTY

COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE

Sections 11.46(b) & 61.42(b)

This is to certify on this 8th day of May, 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 32072339370

Outlet Number 00001

Print Name of Comptroller Employee Vanessa Campos

Print Title of Comptroller Employee Enforcement Officer

SIGN
HERE

FIELD OFFICE

4453 Dallas

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)		
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		

SEAL



Personnel Change Notification (PCN)

Employee Name: Dawn BoggsDate: 6/1/20

*Per the Performance Pay Plan

Job Grade Salary Range GL Account #: Job Title: Deputy Clerk(Completely fill out the **APPLICABLE** section)

NEW HIRE / REHIRE		SALARY CHANGES		SEPARATION	
Effective	(Date)	Effective	(Date)	Effective	(Date) <u>6/12/20</u>
(Complete one of the following boxes)		From \$ <u> </u>		*** ATTACH A SEPARATION RECORD ***	
Regular Full-Time	40 hrs per week per Year	To \$ <u> </u>	Per Year <u> </u> or Per Hour <u> </u>	Voluntary	☒
Salary \$ <u> </u>		Description:		Involuntary	☐
Part-Time	hrs per week per Hour	Budgeted Funds: <u> </u>		Was a two week notice given?	
Salary \$ <u> </u>		Was the budgeted salary amount verified prior to the job being offered? Yes <u> </u> No <u> </u>		Yes <u>✓</u>	No <u> </u>
Temporary	hrs per week per Hour	Does this change in salary cause your department to exceed the funds available in your current budget?		Eligible for Rehire?	
Salary \$ <u> </u>		Yes <u> </u> No <u> </u>		Yes <u>✓</u>	No <u> </u>
(Answer all questions)		Job Title Change: <u> </u>		Total # of employees budgeted in Dept? <u>15</u>	
Was Job Posted? Yes <u> </u> No <u> </u>		From <u> </u>		# with this change <u>14</u>	
Total # of employees budgeted in Dept? <u> </u>		To <u> </u>		Treasurer Notes: <u> </u>	
# with this change <u> </u>		Is the position change causing the employee to change from non-exempt to exempt?		If there is a change in salary, what is the new overtime rate? <u> </u>	
		Yes <u> </u> No <u> </u>		If the budget account # changed, what is the new account #? <u> </u>	
		If yes, the employee's comp bucket should be emptied at the current rate of pay.		If there is a change in position, what is the new EEO4 code? <u> </u>	
		Other Changes: <u> </u>			
		From Shift Diff: <u> </u> To Shift Diff: <u> </u>			
		From Dept: <u> </u> To Dept: <u> </u>			
		Other [Explain]: <u> </u>			

County Official Signature: [Signature]HR Approval & Date: Date Received by HR: Date entered for Payroll:

Questions? ~ Call HR Dept. at 972-204-6187

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

Receipt for Services

Cashier	DSPANN	Batch #	184450
Customer Name	STAGS PLAZA 720 S WILLIAM W CRAWFORD AVE ROCKWALL, TX 75087	Date:	06/05/2020
		Time:	02:06:23PM

Date	Instrument No	Document Type	Transaction Type	Pg/Am
		BEER WINE PERMIT HEARINGS		
			BEER WINE PERMIT HEARINGS	5.00
			Total:	\$5.00
		Fee Total:		\$5.00
CHECK	7757	beer and wine		5.00
		Payment Total:		\$5.00