

Phone (mandatory)

WHOLESALER'S DISTRIBUTOR'S **MANUFACTURER'S** PREQUALIFICATION PACKET

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 Application for: ☐ Original Add a Subordinate License/Permit Number ☐ Reinstatement Reinstatement and Change of Trade Name License/Permit Number License/Permit Number Type of Wholesaler's, Distributor's, and Manufacturer's License/Permit □ w Wholesaler's Permit Bonded Warehouse Permit General Class B Wholesaler's Permit JD Bonded Warehouse Permit (Dry Area) Ø 0 Private Carrier's Permit BB General Distributor's License Private Storage Permit BC Branch Distributor's License Public Storage Permit Importer's License GS Winery Storage Permit BJ Importer's Carrier's License GF Winery Festival Permit BA Manufacturer's License - allows on-premise consumption DA Brewer's Self Distribution Permit Brewer's Permit - allows on-premise consumption DB Manufacturer's Self Distribution License Distiller's and Rectifier's Permit - allows on-premise consumption Winery Permit - allows on-premise consumption 3. Trade Name of Location (Name of distribution company, distillery, etc.) 4. Location Address of Primary Permit State Zip Code Mailing Address State Zip Code Business Phone No. Alternate Phone No. OWNER INFORMATIO Type of Owner Individual Limited Liability Partnership Joint Venture Partnership Corporation Trust Limited Partnership Limited Liability Company Other 8. Owner of Business/Applicant (Name of Corporation, LLC, etc.) Deverage Dervices 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. Contact Persony Relation to Business emi when

TABC DATESTAMP

841-7246

Email (mandatory

Are you, the applicant a veteran-owned business?					Yes [] No	
11. Are you, the applicant a Historically Underutilized Business (HUB)?						Yes [No
13. If Applicant	tis:	Who Must be Listed Below: (attach L-OIC if additional space is needed).					
Individual Partnership		Individual Own	er	ST. FOR	NS D		
Limited Partnership		All Partners All General Pa	riners				
Corporation	APA MARIE SALES STATE OF THE STATE OF THE SALES	All Officers	Serve will be a serve with			MOVING STR	
Limited Liability Co Joint Venture	mpany	All Officers or I	Managers		The second		
Trust		Venturers Trustee(s)				ale de la companya de	
Last Name	1	First Name		MI	Title		Company Descriptions
(20V	Clou	Ten	u	9		Ma	mager
Last Name		First Name		MI	Title	2 4 11 4	1
97	warn	Cathen	the	A	1075	М	comber
Last Name		First Name	0.000	MI	Title		
DISTILLER	R'S/RECTIFIER'S PERMIT (D),	BREWER'S F	PERMIT (B), MANUFA	ACTURE	R'S L	CENS	E (BA)
14. As required	under Section 11.391 and 61.381,			Exact D	ate (M	M/DD/Y	m
posted at yo				(0)	-21	-20	Na
This permiss	plicant, intend to sell for on-premis sion will not be allowed without city	//county certifica	tion to sell for on-premis	ense/perm se consun	it? [] nption.	Yes []Ńo
	TO CHARLES THE REAL PROPERTY.	DISTILLER				ALEXANDER OF THE PARTY OF THE P	
	plicant, intend to sell commemorat					Yes [No
This permiss	sion will not be allowed without city	/county certifica	tion to sell for on-premis	se consun	ption.		
	MEAS	Section 109.31			45		
	usiness be located within 300 feet					Yes [No.
NOTE: For a	churches or public hospitals measure from ss intersections.	front door to front de	oor, along the property lines o	f the street f	ronts an	d in a dire	ect line
18. Will your bu	usiness be located within 300 feet	of any private/pu	ublic school?			Yes L	No
NOTE: For	private/public schools measure in a direct t	line from the neares.	I property line of the school to	the nearest	property	line of th	ne place of .
NOTE: If loc prop	iness, and in a direct line across intersection cated on or above the fifth story of a multist erty line of your place of business in a direct	tory building: measu.	re in a direct line from the projections vertically up the buildin	perty line of ng at the pro	the priva	te/public e to the b	school to ase of the
HOOF	on which your business is located. PUBLIC STORAGE PER	MIT (K) OR W	INERV STORAGE DE	DMIT (C	(2)		
If applying for a Put	blic Storage Permit (K) or Winery Storag	e Permit (GS) inclu	de the Bonded Warehouse Pe	ermit (J) or F	Sonded \	Varehous	se Permit
19. Name of Pub	nber. A Public Storage permit (K) may on olic or Winery Storage Facility	ily be issued in the s	same county as your primary p	permit as per	Section	45.03.	
TO THAIN OF THE	inc or willery Storage Facility						
	torage: Bonded Warehouse Permit		Winery Storage: Bonded	Warehou	se Pe	mit (Dr	y Area)
J -	(0) = :::	JD -					
22. Location Add	lress of Storage Facility:						
City:		County:		State:	Zip	:	
A LANGE OF	PRIVA	TE STORAGE	PERMIT (L)		MARKET N	CHARLES IN	A 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
If applying for a Priv	vate Storage Permit (L) complete question			issued in the	same c	ounty as	your primary
CONTRACTOR OF STREET	fress of the Private Storage Permit (L) ind	dicate owner of the p	property on Owner of Propert	y form (L-O	P).		
	ress of Private Storage Permit						2001年
			Market Committee Com				
City			County		State	Zip Co	ode

	ALL	APPLICANTS	AND REAL PROPERTY.	NAME OF TAXABLE PARTY.
24. CHECK HERE IF NOT I, the applicant, have concertificates are not requ	onfirmed I am not located	in the city limits of	f any city and the	refore all city
Per Sec. 102.01, a tied house industry at different levels of t hold, directly or indirectly, an	ne three-tier system. No per ownership interest in a busir	ing ownership between rson having an interest	en those engaged	in the alcoholic heverage
I have obtained all required All application packets here and employers and employers and employers and additional documental frequired, out of state contification of publication	s to ensure they are completed local and state certification ave been notarized. ail address for Contact Persition as required by the application in local newspaper has been publication is attached (page 1997).	ons (pages 3-5). on are up to date. cation packets is att tached (PHS #7). een completed (page ge 5).		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 S Individual Partnership Limited Partnership Corporation Limited Liability Company		Individual Owner Partner General Partner Officer Officer or Manager	
WARNING: Section 101.69 or representation in an application required to be sworn commits a nor more than 10 years." BY SIGNING YOU ARE SWEAR	of the Texas Alcoholic Bevera for a permit or license or in a s an offense punishable by impri	age Code states: " statement, report, or of sonment in the Texas	a person who make ther instrument to be Department of Crimi	filed with the Commission and nal Justice for not less than 2
PRINT	RING TO ALL INFORMATION	SIGN	S TO THIS PACKET.	
NAME		HERE		
		TITLE		
Before me, the undersign person whose name is signed that he or she has read the sa		n personally appear	red and, duly sworn	by me, states under oath
SIGN HERE		10 10 00 TH	on are true and co	in Got.
	ARY PUBLIC	_		
SEAL				

CONTINUED ON PAGE 4

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
excluding wineries, and not prohibited by charter or ordinance in reference to the sale of such alcoholic
beverages.
SIGN
HERE TEXAS
City Secretary/Clerk City
· ·
CERTIFICATE OF CITY SECRETARY FOR: (B, D & BA)
I hereby certify on this
license/permit is sought is inside the boundaries of this city or town, in a "wet" area for such license/permit
excluding wineries, and not prohibited by charter or ordinance in reference to the sale of such alcoholic
beverages, and
does does not
allow for on-premise consumption and
☑ does □ does not
allow for off-premise consumption in accordance with 501.035 of the Election Code.
SIGNOVA () LOA
City Secretary/Clerk KD/SC CITY TEXAS
SEAL 3
CERTIFICATE OF CITY SECRETARY FOR: (L & K) ADDRESS FOR STORAGE PERMITS AND MANUFACTURER'S WAREHOUSE LICENSE
☐ CHECK HERE IF NOT IN CITY LIMITS
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
CEPTIFICATE OF COUNTY OF EDW FOR AWAY OF LER BOARD
CERTIFICATE OF COUNTY CLERK FOR: (W, X, G, J, BB, BC & BI)
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 excluding wineries, and is not prohibited by
any valid order of the Commissioner's Court.
SIGN
HERE COUNTY
SEAL

CERTIFICATE OF COUNTY CLERK FOR (E	3,D & BA)
I hereby certify on this <u>29#</u> day of <u>Jawan</u> , 20 <u>20</u> license/permit is sought is in a "wet" area for such license/permit excluding v any valid order of the Commissioner's Court, and	that the location for which the vineries, and is not prohibited by
☑ does ☐ does not	
allow-for, on-premise consumption and	
does does not does not allow for off-premise consumption in accordance with 501.035 of the Election	Codo
	ckwall county
CERTIFICATE OF COUNTY CLERK FOR: ADDRESS FOR STORAGE PERMITS AND MANUFACTURER'S	(L & K)
I hereby certify on this day of, 20, license/permit is sought is in a "wet" area for such license/permit, and is not the Commissioner's Court.	that the location for which the
SIGN HERE	COUNTY
S E A L	
COMPTROLLER OF PUBLIC ACCOUNTS CERTIFIC (W, X, B, D, G, BB, BC, BI & BA)	CATES FOR:
This is to certify on thisday of, 20, 20, applied for and satisfies all legal requirements for the issuance of a Sales Tax F Excise and Use Tax Act or the applicant as of this date is not required to hold a	Permit under the Limited Sales,
Sales Tax Permit Number Outlet Number	
Print Name of Comptroller Employee	
Print Title of Comptroller Employee	
SIGN	*
SEAL	
PUBLISHER'S AFFIDAVIT FOR: (W, X, B, D, G, BB,	BC. BI & BA)
Name of newspaper	
City, County	ATTACH PRINTED
ates notice published in daily/weekly newspaper (MM/DD/YYYY)	CORV OF THE
Publisher or designee certifies attached notice was published in newspaper stated on dates shown	COPY OF THE
Signature of publisher or designee,	NOTICE HERE
Sworn to and subscribed before me on this date	Hover over to see
Signature of Notary Public	Hover over to see example

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

Receipt for Services

Cashier

LEDWARDS

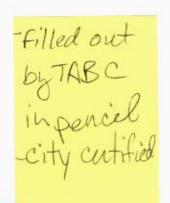
Batch # 174360

Customer Name THIRSTY BRO BREWING CO 232 E MAIN STREET

Date: 01/29/2020 12:23:19PM Time:

ROYSE CITY, TX75189

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
CREDIT CARD	100198463120			5.00
			Payment Totak	\$5.00





All Transactions Approved

Bureau: 3766474 - Rockwall County Clerk

Cause, Docket Number or Description Amount Quantity Conv. Result Fee Payments made after 3:00 pm CNT will be processed \$1.00 \$5.00 Approved the following business day (business days: Monday Through Friday): THIRSTY BRO BREWING CO Payment ID: 100198463120 Recording

\$6.00

BILLING INFORMATION

Total Amounts + All Fees:

Response: Approved Auth Code: 815286

EMV Details:

Amex 372718****1019

Card Entry Method: Chip Read

AID: A000000025010801

TVR: 0080008000

IAD: 06B60103602002

TSI: F800 ARC: 00

TC: A0D2315609A0F023

Processed at 01/29/2020 12:23:07 PM CST

LEGAL NOTICE

Certified Payments provides a service for consumers and businesses to make payments via their credit card for various types of services and taxes. By utilizing Certified Payments, you, the cardholder, are subject to the following terms and conditions. By submitting your payment through Certified Payments, you are agreeing to the terms and conditions listed in the Legal Notices link below. Please read all terms and conditions carefully.

Privacy Statement - www.certifiedpayments.net/PrivacyStatement.aspx Legal Notice - www.certifledpayments.net/LegalNotices.aspx