

Rockwall County

Jennifer Fogg, County Clerk 1111 E Yellowjacket Ln Suite 100 Rockwall, TX 75087 (972) 204-6300

Receipt: 25-20975

*** REPRINT *** REPRINT ***

Product	Name	Extended
TABC	TABC ALCOHOL LICENSE	\$5.00
	#Permits	1
Total		\$5.00
Tender (Cash)		\$5.00
Paid By	SINGH KIRANPAL	•
Customer Address	101 W FATE MAIN PLACE	
City State Zip	ROCKWALL TEXAS 75087	
Phone Number	9729798521	
Comments	FATE GROCERY STORE	



Document reference ID: 520706

Licensing Application Summary

You must review your application and confirm that the information displayed here is correct. Select **Review and Confirm** to continue and make the payment. If the information is not correct, select **Next** to return to the application, edit the data as needed and finalize the submission. If you need to store the application packet for your records, select **Download**.

Application ID:

520706

Applicant Name:

SPBK NATIONAL INC.

License Type applied for:

Wine and Malt Beverage Retailer's Off-Premise Permit (BQ)

Entity Information

Business Structure:

Corporation

FEIN/SSN Number:

205299868

Historically Underutilized Business:

No

Veteran-owned business:

No

Fraternal Owned:

No

Secretary of State Filing Number:

800686341

Date Filed:

7/27/2006

Filing State:

 TX

Primary Business Entity Contact Information

Legal First Name:

Kiranpal

Legal Middle Name:

Singh

Email Address:

kp_singh01@yahoo.com

Phone Number:

972-979-8521

Initial Application Information

Authority Type:

I am a principal or authorized user with binding authority

Legal First Name:

KIRANPAL

Legal Last Name:

SINGH

Email Address:

kp_singh01@yahoo.com

Phone Number:

972-979-8521

Principal Parties

Principal Parent Entity Principal Party Role

Ownership %

Action

SPBK NATIONAL INC.

Kiranpal Singh

Director, President, Secretary, Stockholder/Shareholder

100

Basic Business information

Business/Trade Name:

FATE GROCERY STORE

Business Type

Convenience Store

Location's Phone Numbers

Business Phone Number

972-979-2911

Alternate Phone Number

972-979-8521

Location Address

Address:

101 W Fate Main PI, Rockwall, TX, United States, Rockwall 75087

Is your location within city limits?

Yes

Mailing Address Information

Address:

PO BOX 162, Fate, TX, United States, Rockwall 75132

Measurement Information

Measuring from the public entrance of your location along street lines and directly across intersections, will your location be within 1,000 feet of the nearest property line of a public or private school?

Νo

Is a residential address or established neighborhood association located within 300 feet of any property line of your premises?

Νo

Location Additional Information

Is the proposed location in a hotel or motel?

Νo

Alcohol percentage

Up to 17%

Property Ownership

Do you, the applicant, own the land, building, and/or Ye warehouse at this proposed licensed location?

Are you operating under?

None

Location Diagram

Will the license or permit embrace the entire location address?

Yes



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

Section 11.37 & 61.37

Not later than the 30th day after the date a prospective applicant for a license or permit requests certification, the city secretary or clerk shall certify whether the location or address given in the request is in a wet area and whether the sale of alcoholic beverages for which the license or permit is sought is prohibited by ordinance.

	The second of th
	y on this
BF	The legal sale of malt beverages for off-premise consumption only greater than 5% alcohol by volume OR 5% or lessalcohol by volume
BF,BQ,Q	The legal sale of malt beverages and wine for off-premise consumption only
BF,BQ,Q,P	The legal sale of allalcoholic beverages for off-premise consumption only
OR	
I hereby refu location.	use on this day of, 20 to certify this
SIGN HERE DICTOU	City OF FATE ACORPORATED 1900

SEAL



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

Section 11.37 & 61.37

Not later than the 30th day after the date a prospective applicant for a license or permit requests certification, the city secretary or clerk shall certify whether the location or address given in the request is in a wet area and whether the sale of alcoholic beverages for which the license or permit is sought is prohibited by ordinance.

I hereby certify on this license/permit is sought is	in a "wet" and is not prohi	HUML 7		ation for which the court.	
	sale of malt beverages fo	r off-premise consumptio	on only 🗆 <i>greater than</i>	5% alcohol by volum	e OR
BRBO, The legal	sale of malt beverages ar	nd wine for off-premise o	onsumption only		
BF,BQ,Q,P The legal	sale of allalcoholic bevera	ages for off-premise cons	sumption only		
OR					
i hereby refuse on this location.	day of _	, 20	to certi	fy this	
SIGN HERE County C	Jugg derk				

SEAL





COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATES

I hereby certify on this	day of	,	, the applicant holds or
has applied for and satisfies all lega	I requirements for the is		
Excise and Use Tax Act or the applic	cant as of this date is no	ot required to hold a Sa	ales Tax Permit.
Sales Tax Permit Number			
Outlet Number			
Drint Name of Comptaller Employe	_		
Print Name of Comptroller Employer			
Print Title of Comptroller Employee			
SIGN HERE			
OIOI HEILE			
Comptroller Representativ	е		
City			
City			

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SEAL



PUBLISHER'S AFFIDAVIT			
Name of newspaper			
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			
ATTACH PRINTED COPY OF THE NOTICE			