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

Receipt: 25-23151

Product	Name	Extended
TABC	TABC ALCOHOL LICENSE	$5.00
	# Permits	1
	Comment	Scorpion Rockwall
Total		$5.00
Tender (Credit Card Manual)		$5.00

Approval Code	261218
PaidBy	ALI DHARANI
Customer Address	2569 HAMPSTEAD LN
City State Zip	CARROLLTON TX 75010
Phone Number	4699011705
Comments	SCORPION ROCKWALL - ANK NOBEL ENTERPRISE LLC

Thank You

9/22/25, 11:16 AM CST HGRILLETT

Document reference ID : 533800

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:	533800
Applicant Name:	ANK Nobel Enterprise LLC
License Type applied for:	Wine-Only Package Store Permit (Q)

Entity Information

Business Structure:	Limited liability company
FEIN/SSN Number:	994734688
Member Managed or Manager Managed:	Member Managed
Historically Underutilized Business:	No
Veteran-owned business:	No
Fraternal Owned:	No
Secretary of State Filing Number:	805682875
Date Filed:	9/2/2024
Filing State:	51

Initial Application Information

Authority Type:	I am a principal or authorized user with binding authority
Prefix:	Mr
Legal First Name:	Nooruddin
Legal Last Name:	Dharani
Email Address:	scorpionrockwall@gmail.com
Phone Number:	469-901-1705

Principal Parties

Principal Parent Entity	Principal Party	Role	Ownership %	Action
ANK Nobel Enterprise LLC	KAMIL ZINDANI	Manager and/or Officer, Member	31	
ANK Nobel Enterprise LLC	Nooruddin Dharani	Manager and/or Officer, Member	50	
ANK Nobel Enterprise LLC	SHAHID SHAMSUDDIN	Manager and/or Officer, Member	19	

Basic Business information

Business/Trade Name:	Scorpion Rockwall
Business Type	Convenience Store

Location's Phone Numbers

Business Phone Number	469-314-1052
Alternate Phone Number	469-901-1705

Location Address

Address:	1009 S Goliad St, Rockwall, TX, United States, Rockwall 75087
Is your location within city limits?	Yes

Mailing Address Information

Address:	1009 S Goliad St, Rockwall, TX, United States, Rockwall 75087

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?	No
Is a residential address or established neighborhood association located within 300 feet of any property line of your premises?	No

Location Additional Information

Is the proposed location in a hotel or motel?	**No**

Property Ownership

Do you, the applicant, own the land, building, and/or warehouse at this proposed licensed location?	No
Are you operating under?	Lease

Franchise Agreement

Do you or anyone else at the location operate under a franchise agreement?	No
Are there any agreements, exclusive of a franchise agreement, which involve alcohol in any way?	No

Shared premise information

Do you share the premises with another business entity? No

Property Ownership Details

Property Type	Property Ownership Type	Entity Name
Building	Lessor	ANK Nobel Enterprise LLC

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 22nd day of September, 2025, that the location for which the license/permit is sought is in a "wet" and is not prohibited by any valid order of the Commissioner's Court.

BF The legal sale of malt beverages for off-premise consumption only ***greater than 5%*** alcohol by volume ***OR*** **5% or less**alcohol by volume

X ~~**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 refuse on this _____ day of _____, 20_____ to certify this location.

SIGN HERE

_____
County Clerk

_____
County

SEAL

COUNTY COURT
ROCKWALL COUNTY, TEXAS

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.

I hereby certify on this 18th day of September, 2025, 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.

BF The legal sale of malt beverages for off-premise consumption only ***greater than 5%*** alcohol by volume ***OR*** 5% or lessalcohol by volume

X **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 refuse on this _____ day of _____, 20_____ to certify this location.

SIGN HERE

Kristy Teague
City Secretary/Clerk

Rockwall
City ,TEXAS

SEAL

CITY OF ROCKWALL TEXAS

COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATES

I hereby certify on this _____ day of _____, _____, 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

_____
Comptroller Representative

_____ ,TEXAS
City

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	