



# Off-Premise Prequalification Packet L-OFF (5/2009)

Please complete this Prequalification Packet with information concerning your proposed business location for which you are applying to sell alcoholic beverages. This information will be used to obtain your prequalification to hold a license/permit. You will submit this information to the proper governmental entities for certification that your proposed location is legal for the type of license/permit for which you are applying. Permit applicants will also provide this packet to their local newspaper for certification that you have published the required notice. Please contact your local TABC office for more information.

## LOCATION INFORMATION

### Type of Off-Premise License/Permit

- |  |  |
|--|--|
| <input type="checkbox"/> <b>BQ</b> Wine and Beer Retailer's Off-Premise Permit | <input type="checkbox"/> <b>LP</b> Local Distributor's Permit    |
| <input type="checkbox"/> <b>BF</b> Beer Retail Dealer's Off-Premise License    | <input type="checkbox"/> <b>E</b> Local Cartage Permit           |
| <input type="checkbox"/> <b>P</b> Package Store Permit                         | <input type="checkbox"/> <b>ET</b> Local Cartage Transfer Permit |
| <input type="checkbox"/> <b>Q</b> Wine Only Package Store Permit               | <input type="checkbox"/> <b>PS</b> Package Store Tasting Permit  |

### Indicate Primary Business at this Location

- |   |  |
|---|--|
| <input type="checkbox"/> Grocery/Market             | <input type="checkbox"/> Convenience Store without Gas |
| <input type="checkbox"/> Liquor Store               | <input type="checkbox"/> Miscellaneous _____           |
| <input type="checkbox"/> Convenience Store with Gas |  |

Trade Name of Location

Location Address

City	County	State	Zip Code
			-

Mailing Address	City	State	Zip Code
			-

Business Phone No.	Alternate Phone No.	E-mail Address
(     )     -	(     )     -	

## OWNER INFORMATION

### Type of Owner

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Individual                    | <input type="checkbox"/> Corporation               | <input type="checkbox"/> City/County/University |
| <input type="checkbox"/> Partnership                   | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Joint Venture             |   |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Trust                     |   |

Entity/Applicant

### If Applicant Is/Who Must Be Listed Below (attach L-OIC if additional space is needed).

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	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title

**MEASUREMENT INFORMATION**

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.

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.

Will your business be located within 1,000 feet of a private school?  Yes  No

Will your business be located within 1,000 feet of a public school?  Yes  No

**WARNING AND SIGNATURE**

**If Applicant Is/Who Must Sign**

Individual/Individual Owner	Corporation/Officer
Partnership/Partner	Limited Liability Company/ Officer or Manager
Limited Partnership/General Partner	

**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 penitentiary 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 \_\_\_\_\_ SIGN HERE \_\_\_\_\_

TITLE \_\_\_\_\_

Before me, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, 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

**S E A L**

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

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

**S E A L**

**If location can not be certified above, please complete the following:**

I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that the location is prohibited by Charter or Ordinance No. \_\_\_\_\_, in reference to the sale of alcoholic beverages.

SIGN HERE \_\_\_\_\_, TEXAS  
City Secretary/Clerk

**S E A L**

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

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  
County Clerk

**S E A L**

### CERTIFICATE OF COUNTY CLERK (FOR BQ)

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 wine/beer (17%) on-premise or wine/beer off-premise **AFTER** Sept. 1,1999
- legal sale of wine/beer (14%) on-premise or wine/beer off-premise **BEFORE** Sept. 1,1999

SIGN  
HERE \_\_\_\_\_ COUNTY  
County Clerk

**S E A L**

### COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE

This is to certify on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, 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 \_\_\_\_\_ FIELD OFFICE \_\_\_\_\_

**S E A L**

### PUBLISHER’S AFFIDAVIT (FOR P & Q)

Name of newspaper		<b>ATTACH PRINTED COPY OF THE NOTICE HERE</b>
City, County		
Dates notice published in daily/weekly newspaper (mm/dd/yyyy)	/ /	
<b><i>Publisher or designee certifies attached notice was published in newspaper stated on dates shown</i></b>		
Signature of publisher or designee		
Sworn to and subscribed before me on this date	/ /	
Signature of Notary Public		
<b>S E A L</b>		