



# OFF-PREMISE 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**

*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](http://www.tabc.texas.gov/laws/code_and_rules.asp)*

## LOCATION INFORMATION

1. Application for:  Original

Reinstatement

License/Permit Number

Change of Licensed Location

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

Liquor Store

Miscellaneous

Convenience Store with Gas

4. Trade Name of Location

5. Location Address

City

County

State

Zip Code

6. Mailing Address

City

State

Zip Code

7. Business Phone No.

Alternate Phone No.

E-mail Address

## 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. Business Owner/Applicant

10. Are you, the applicant a veteran-owned business?      Yes      No

11. Are you, the applicant a Historically Underutilized Business (HUB)?      Yes      No

**12. 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	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title

**MEASUREMENT INFORMATION**

Section 109.31 et. seq.

**13.** 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.*

**14.** 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.*

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

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

**ALL APPLICANTS**

**17. CHECK HERE IF NOT IN CITY LIMITS**

I, the applicant, have confirmed I am not located in the city limits of any city and therefore all city certificates are not required.

**WARNING AND SIGNATURE**

**If Applicant Is/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 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** \_\_\_\_\_ **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)**

Sections 11.37 & 61.37

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

**S E A L**

**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  
County Clerk

**S E A L**

## CERTIFICATE OF COUNTY CLERK (FOR BQ)

Section 11.37

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 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**  
County Clerk

**S E A L**

## COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE

Sections 11.46(b) & 61.42(b)

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 BQ, BF, P & Q)

Sections 11.39 & 61.38

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



## OWNERSHIP INFORMATION

### Continued for Prequalification Packet

### LOCATION INFORMATION

1. Trade Name of Location			
2. Location Address			
City	County	State	Zip Code

### OWNER INFORMATION

<b>3. Type of Owner</b>			
<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		
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
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