



# TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texas Helping Businesses & Protecting Communities

## ON-PREMISE PREQUALIFICATION PACKET

L-ON (9/2019)

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

### LOCATION INFORMATION

1. Application for:  Original  Add Late Hours Only License/Permit Number \_\_\_\_\_

Reinstatement  Reinstatement and Change of Trade Name License/Permit Number \_\_\_\_\_

Change of Location  Change of Location and Trade Name License/Permit Number \_\_\_\_\_

2. Type of On-Premise License/Permit

<input checked="" type="checkbox"/> BG Wine and Beer Retailer's Permit	<input type="checkbox"/> LB Mixed Beverage Late Hours Permit
<input type="checkbox"/> BE Beer Retail Dealer's On-Premise License	<input type="checkbox"/> MI Minibar Permit
<input type="checkbox"/> BL Retail Dealer's On-Premise Late Hours License	<input type="checkbox"/> CB Caterer's Permit
<input type="checkbox"/> BP Brewpub License	<input type="checkbox"/> FB Food and Beverage Certificate
<input type="checkbox"/> V Wine & Beer Retailer's Permit for Excursion Boats	<input type="checkbox"/> PE Beverage Cartage Permit
<input type="checkbox"/> MB Mixed Beverage Permit	<input type="checkbox"/> RM Mixed Beverage Restaurant Permit with FB
<input type="checkbox"/> O Private Carrier's Permit -Brewpubs (BP) with a BG only	<input type="checkbox"/> E Local Cartage Permit - Wine/Beer retailers (BG) Only

3. Indicate Primary Business at this Location

<input checked="" type="checkbox"/> Restaurant	<input type="checkbox"/> Sporting Arena, Civic Center, Hotel	<input checked="" type="checkbox"/> Bar
<input type="checkbox"/> Grocery/Market	<input type="checkbox"/> Sexually Oriented	<input type="checkbox"/> Miscellaneous

4. Trade Name of Location (Name of restaurant, bar, store, etc.)  
Neighborhood Daiquiri's

5. Location Address  
903 W. Rancier Ave.

City Killeen	County Bell	State TX	Zip Code 76541
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6. Mailing Address 903 W. Rancier Ave.	City Killeen	State TX	Zip Code 76541
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7. Business Phone No. 214-277-4911	Alternate Phone No. 254-432-9912	E-mail Address neighborhooddaiquiris@gmail.com
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### OWNER INFORMATION

8. Type of Owner

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> City/County/University
<input type="checkbox"/> Partnership	<input checked="" 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	

9. Owner of Business/Applicant (Name of Corporation, LLC, etc.)  
Neighborhood Daiquiri's Ltd Co

### PRIMARY CONTACT

The primary contact person should be a person who can answer questions and email are mandatory and must be active and updated regularly. This contact person. Delays in responding to requests may delay the p

10. Contact Person: Valette Reese	Relat	Applicant has no intention of establishing an opening for an on premise consumption EVER!
Phone (mandatory): 214-277-4911	Email	

TABC DATE