



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

C&C Consulting & Licensing
Warren Cohen
wscohencc@yahoo.com
214.244.1947

OFF-PREMISE PREQUALIFICATION PACKET

L-OFF (12/2019)

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
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

LOCATION INFORMATION

1. Application for: Original
 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 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 (Name of store, business, etc.)
Race Runner #1

5. Location Address
1516 S. Vine Avenue

City Tyler	County Smith	State TX	Zip Code 75701-2826
---------------	-----------------	-------------	------------------------

6. Mailing Address 113 Lost Forest Road	City Gun Barrel City	State TX	Zip Code 75156-4276
--------------------------------------------	-------------------------	-------------	------------------------

7. Business Phone No. Pending	Alternate Phone No. (903) 624-9710	E-mail Address goodmanrupen@hotmail.com
----------------------------------	---------------------------------------	--------------------------------------------

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. Owner of Business /Applicant (Name of Corporation, LLC, etc.)
RBRK, Inc.

PRIMARY CONTACT PERSON

The primary contact person should be a person who can answer questions TABC may have about the application. The contact phone and email are mandatory and must be active and updated regularly. If additional information is needed, it will be requested from this contact person. Delays in responding to requests may delay the processing and approval of your permit/license.

10. Contact Person: Warren Cohen	Relation to Business: Licensing Agent
Phone (mandatory): (214) 244-1947	Email (mandatory): wscohencc@yahoo.com

TABC DATESTAMP

11. Is the applicant, a veteran-owned business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
12. Is the applicant, a Historically Underutilized Business (HUB)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13. As indicated on the chart, enter the individuals that pertain to your business type: <i>(For additional space, use Form L-OIC)</i>			
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 Adhikari	First Name Rupen	MI (NMN)	Title Director/President
Last Name Maharjan	First Name Bhim	MI P	Title Director/Vice President
Last Name Lamichhane	First Name Keshav	MI R	Title Director/Secretary
Last Name Kafley	First Name Ravi	MI (NMN)	Title Director/Treasurer

MEASUREMENT INFORMATION

Section 109.31 et. seq.

14. Will your business be located within 300 feet of a church or public hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	
15. Will your business be located within 300 feet of any private/public school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	
16. Will your business be located within 1,000 feet of a private school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17. Will your business be located within 1,000 feet of a public school? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PACKAGE STORE ACQUISITIONS ONLY

18. Has the business being acquired been in operation in the same county for more than one year before the acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes , provide permit number for existing package store: <u> N/A </u>	
If No , this does not qualify as an acquisition, and will be considered a new location.	

ALL APPLICANTS

19. CHECK HERE IF NOT IN CITY LIMITS

I, the applicant, have confirmed the location is not located within city limits, therefore city certifications are not required.

COMPLETE THE FOLLOWING CHECKLIST BEFORE SUBMITTING YOUR APPLICATION

Per Sec. 102.01, a tied house is defined as any overlapping ownership between those engaged in the alcoholic beverage industry at different levels of the three-tier system. No person having an interest in a permit issued by TABC may secure or hold, directly or indirectly, an ownership interest in a business on a different level.

All required forms have been completed. I have reviewed all forms to ensure they are complete. I have obtained all required local and state certifications (pages 3-4). All application packets have been notarized. Phone numbers and email address for Contact Person are up to date. All additional documentation as required by the application packets is attached If required, out of state criminal history checks are attached (PHS #7). Certification of publication in local newspaper has been completed (page 4). A copy of the newspaper publication is attached (page 4).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

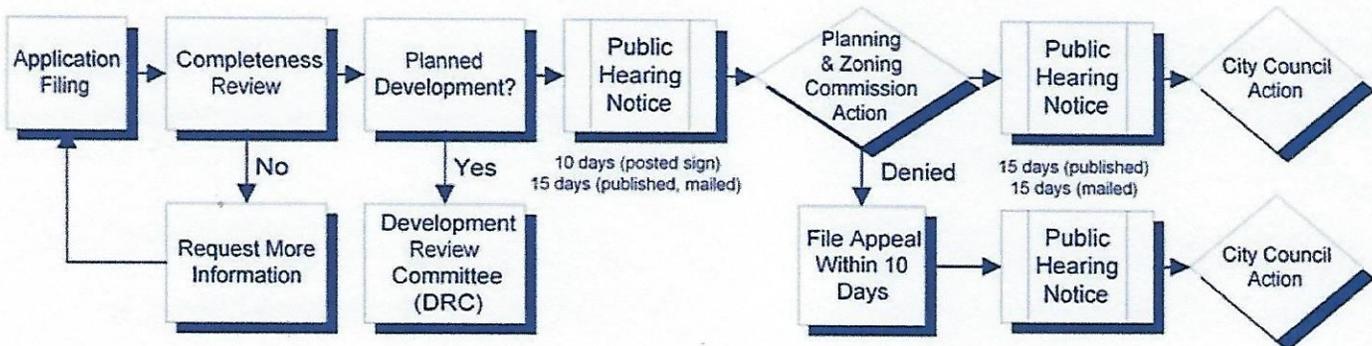


ZONING APPLICATION

PROCESS

Reference Section 10-610
 Unified Development Code

- A. All zoning is by ordinance and only the City Council has the authority to adopt or to change an ordinance. The Council has assigned the study of zoning to the City Planning and Zoning Commission, which will make recommendations to the Council. If the Commission recommends a request for rezoning, it will not be effective until it is passed by the City Council. The rezoning process normally requires a period of sixty (60) days.
- B. All requests must be filed in the Planning Department located at 423 West Ferguson, Tyler, TX. A filing fee must be received with the completed application form. (See Fee Schedule and Deadline Dates.) **The applicant must also post a zoning notification sign provided by the Planning Department along with a \$20 refundable deposit upon return of the sign.** The sign must be placed in the front yard of the subject property no later than seven days after the application has been submitted. **If the sign is not posted in the required time frame, the application process will cease and the applicant will be required to reapply.**
- C. Please have a representative present at all public hearings. The applicant has the duty to produce evidence before the Planning and Zoning Commission and City Council to justify the proposed zoning change. This generally requires a showing that conditions affecting the property have substantially changed since the last zoning classification decision of the City.



OFFICE USE ONLY

Filing Fee for Zoning Application

Receipt No.: _____ Amount: _____

Sign Deposit Fee

Receipt No.: _____ Amount: _____

Signed By: _____

APPLICATION

A. Requesting: (One Check per Application)

- General Zoning Change
- Special Use Permit (SUP) * Include fully dimensioned site plan
- SUP Renewal
- On-Site Zoning Inspection

B. Description & Location of Property:

1. Lot, Block and Addition (required): _____
2. Property Address of Location (required): 1516 S. Vln e Avenue, Tyler, Texas 75701-2826

PRESENT ZONING	PROPOSED ZONING
CLASSIFICATION _____	CLASSIFICATION _____
OVERLAY (IF APPLICABLE) _____	OVERLAY (IF APPLICABLE) _____
AREA (ACREAGE) _____	AREA (ACREAGE) _____
	DWELLING UNITS/ ACRE (if applicable) _____

C. Reason(s) for Request (please be specific):

Seeking a variance to the requirement that a business selling alcohol must be 300 feet from the property line of a school

D. Statement Regarding Restrictive Covenants/Deed Restrictions

I have searched all applicable records and, to my best knowledge and belief, there are no restrictive covenants that apply to the property as described in Part I(B) which would be in conflict with this rezoning request.

None

Copy Attached

AUTHORIZATION OF AGENT

A. I (we), the undersigned, being owner(s) of the real property described above, do hereby authorize *(please print name)* Warren Cohen to act as our agent in the matter of this request. The term agent shall be construed to mean any lessee, developer, option holder, or authorized individual who is legally authorized to act in behalf of the owner(s) of said property. (Application must be signed by all owners of the subject property).

(Please print all but signature)

Owner(s) Name: Rupen Adhikari, President
Address: 113 Lost Forest Road
City, State, Zip: Gun Barrel City, Texas 75156
Phone: (903) 624-9710
Signature: *Rupen Adhikari*
Email: goodmanrupen@hotmail.com

Owner(s) Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Signature: _____
Email: _____

Authorized Agent's Name: Warren Cohen
Address: 948 Valley View Drive
Phone: (214) 244-1947

Signature: *Warren Cohen*
City, State, Zip: Lewisville, Texas 75067
Email: wscohenc@yahoo.com

SUPPORTING INFORMATION

A. PLEASE PROVIDE A MAP OF THE LOCATION TO BE REZONED