



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

3306598
1602113

Indicate Primary Business at this Location

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

Trade Name of Location

PAPA BILL'S LIQUOR

Location Address

13199 HWY 259

City	County	State	Zip Code
NACOGDOCHES	NACOGDOCHES	TX	75965-

Mailing Address	City	State	Zip Code
13197 HWY 259	NACOGDOCHES	TX	75965-

Business Phone No.	Alternate Phone No.	E-mail Address
(936) 985 - 6521	(936) 569 - 8538	N/A

OWNER INFORMATION

Type of Owner

- | | | |
|--|--|---|
| <input checked="" 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 | |

RECEIVED

AUG 23 2012

Entity/Applicant

RHONDA SEPULVADO

new

LONGVIEW LICENSING

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
SEPULVADO	RHONDA <i>new</i>	S	SOLE OWNER