



Request to the City Council M&C# AD20-00062
ALCOHOL DISTANCE APPEAL APPLICATION
 (Please Print or Type)

Name of Establishment Taqueria Las Esmeraldas Location 4103 E. Rosedale St. Fort Worth, TX 76105

Legal Description E. Gate Center Addition Block/Ab A8 Lot/Tr 1

Owner of Establishment Jose M. Gonzalez Owner Signature Jose Manuel Gonzalez Reyes

Owner Address 5424 BONNELL AVE. City FORT WORTH Zip 76107

Owner Phone No. 972-891-5878 2nd Ph No _____ Email _____

Name of School or Church < 300 ft / 1000 ft from the establishment Mount Herman Baptist

Has the School, Church, etc. been contacted or do you know of any opposition to this request? Yes No

Is Alcohol Consumption: ON PREMISE or OFF PREMISE Type of TABC License(s) Beer & Wine License

Type of Business convenience store w/ grill Setback Measurement / Distance Requested 290 FT Is building leased? Yes No

Building Owner / Lessor name Diana Hernandez Lessor Signature Diana Hernandez

Lessor Address 339 Lake Country Dr. City Granbury Zip 76049

Lessors Phone No. 682-204-7733 2nd Ph No 682-300-6775 Email dianaher27@gmail.com

Applicant Name (if other than Owner) _____

Applicant Address _____ City _____ Zip _____

Applicant Phone No. _____ 2nd Ph No _____ Email _____

ALCOHOL DISTANCE APPEAL PROCESS & REQUIREMENTS:

- Building Inspector, Ken McGowen (817-392-7834), (Rejection Letter and Measurements required PRIOR TO SUBMITTING).
- Processing time is approximately 4 weeks and the request will be heard at the appropriate City Council Hearing. Hearings are held at City Hall on Tuesdays and the applicant is required to be present.
- Summary of hardship and/or reason for requesting a DISTANCE APPEAL is recommended.
- Staff to provide Early Notifications to surrounding HOA's, Schools, etc., within a 1/4 mile buffer of subject property.
- Staff will notify all property owners, neighbors, within a 300' buffer of subject property
 (You may contact Council Members prior to the hearing to see if they approve or have received opposition for your case at <http://fortworthtexas.gov>)

** At the hearing, "Speaker Request forms" must be completed and turned in to the staff desk upon addressing the City Council.

According to the City Council Rules of Procedures, individual citizen presentations shall be limited to three minutes, and group presentations shall be limited to six minutes. At the Mayor's discretion, time limits may be reasonably extended. To speak before the meeting you may call 817-392-6150, fax 817-392-6196 or <http://fortworthtexas.gov>**

Application Fee	Received	Date	Hearing Date	Case #
Code 124 \$500.00	By: _____	_____	_____	_____



CITY OF FORT WORTH, TEXAS ALCOHOL PERMIT LOCATION VERIFICATION

INSTRUCTIONS: Applicant is to complete all requested information down to the double line and also attach a copy of the completed T.A.B.C. application form.

Name of Applicant: Diana Hernandez Phone: 682-209-7733

Name of Business: Las Esmeraldas Phone: _____

Application Address: 4163 E Rosedale St Fort Worth Zip: 76105

Legal Description of Property: Lot: A8 Block: 1 Addition: Eastgate Center Addition

Is there or has been a T.A.B.C. license on the property before? Yes No
If Yes, when does it or did it expire? _____

In addition to the sale of alcoholic beverages, please provide an accurate statement of all other business or entertainment activities to be conducted at the application address: Convenience store w/ grill

NOTICE: Approval of the processing form does not imply that the location/building is in compliance with all applicable ordinances. This form is only for distance check and zoning use. Consult with the Department of Development, lower level of City Hall, regarding all other requirements before investing any time or money.

FOR CITY USE ONLY
Date Received: 3/14/20 Mapso No.: 78M Council District: 8 Zoning on the property: E

Is the location within 300' of a Church? Yes No
Public school? Yes No
Public hospital? Yes No
Private school? Yes No
will bring E letter AP

If Yes, give address and date the use was established
4150 E. ROSEDALE - MOUNT HERMON

Is the location within 1000' feet of a private school protected by resolution? Yes No
Comments: _____

BUILDING INSPECTORS CERTIFICATION

I hereby certify that I have personally inspected the property described above and my comments are:

- The use as described by the applicant is allowed in this zoning? Yes (by right , by legal nonconforming) No
- The location is within 300' of a church, public school or public hospital? Yes No
- This location is within 1,000' of a private school protected by resolution? Yes No
- a. If the zoning allows this use and the distance check complies, check the Yes box to the right and continue processing.
b. If zoning does not allow this use, check the No box, clear the paperwork and stop the processing.
c. If the zoning allows this use but the distance does not comply, check the No box, clear the paperwork, and forward to the Director for review. OK to issue Yes No

Verified by: [Signature] JAMES QUINN Date: 03/25/2020
(Inspector Signature and Printed Name)

Director's Comments: _____ OK to issue: Yes No

Director's Signature: _____ Date: _____ (This approval not needed if the above box is marked YES)

T.A.B.C. application processed by: _____ Date: _____
Clerk, City Secretary

AD20-00062

Dear Alcohol Distance Appeal Committee,

I write to you today asking, for you to please reconsider the approval of an Alcohol License for Taqueria Las Esmeraldas. Taqueria Las Esmeraldas is a convenience store with a grill, we serve authentic Mexican Food. Alcohol will only be sold and to be consumed on the premises upon an Approval.

The reason why our license was turned down was to lacking 10FT from Mount Herman Church we currently stand at 290FT away from Mount Herman Church. The minimum required is 300FT. I would like to say there is currently a convenience store across the street who sells alcohol West of our location. Along with a liquor store Northwest of our location across the street. I have tried to reach out to the church, I've been unsuccessful to reach anyone due to the COVID-19 outbreak. However, I am not aware of the church being against the City of Fort Worth issuing an Alcohol License to this location. The reason why I am comfortable to say this is because an alcohol license has been issued before to this location but has expired. Our address is 4163 E Rosedale St. Fort Worth, TX 76105. Denial to our license will cause major hardships to our business economically, I humbly ask for your reconsideration. I appreciate your time and I ask that you please consider approval.

Diana Hernandez
04/15/2020

A handwritten signature in blue ink that reads "Diana Hernandez". The signature is written in a cursive style with a large initial "D" and a long, sweeping underline.



Alcohol Distance Check

Not a valid permit until status is *ISSUED*

Permit: AD20-00062

Application Date: 03/16/2020

Status: Accepted

Date Issued:

Permit Technician: Joseph Sigmon

Address: 4163 E ROSEDALE ST

Legal Description: EAST GATE CENTER ADDITION Block 1 Lot A8A

Mapsc0: 78M

Insp District: 7

Council District: 8 **Zoning:** E

Description of Work:

Proj/Business Name: LAS ESMERALDAS

Applicant: DIANA HERNANDEZ, LAS ESMERALDAS, 4163 E ROSEDALE ST FORT WORTH, TN 76105

Property Owner: GONZALES, JOSE M 5424 BONNELL AVE FORT WORTH TX 76107-6, 14 76107-6714

Alcohol Distance Check	1	\$50.00
Total Fee		\$50.00
Balance		\$0.00

I hereby affirm that the information contained herein is true and correct to the best of my knowledge, and agree to conform to all regulations of the City of Fort Worth as described in the Fort Worth Municipal Code. I understand that failure to comply with these provisions may result in the revocation of this permit.

Signed: _____

Date: _____

3-16-2020

Sexually Oriented Business (Initials) Yes _____ No _____

Local permit or license fees may apply to a business that sells alcoholic beverages in the City of Fort Worth. Please check with the Revenue and Collections Division of Financial Management Services to inquire about applicable fees.

Signed: _____

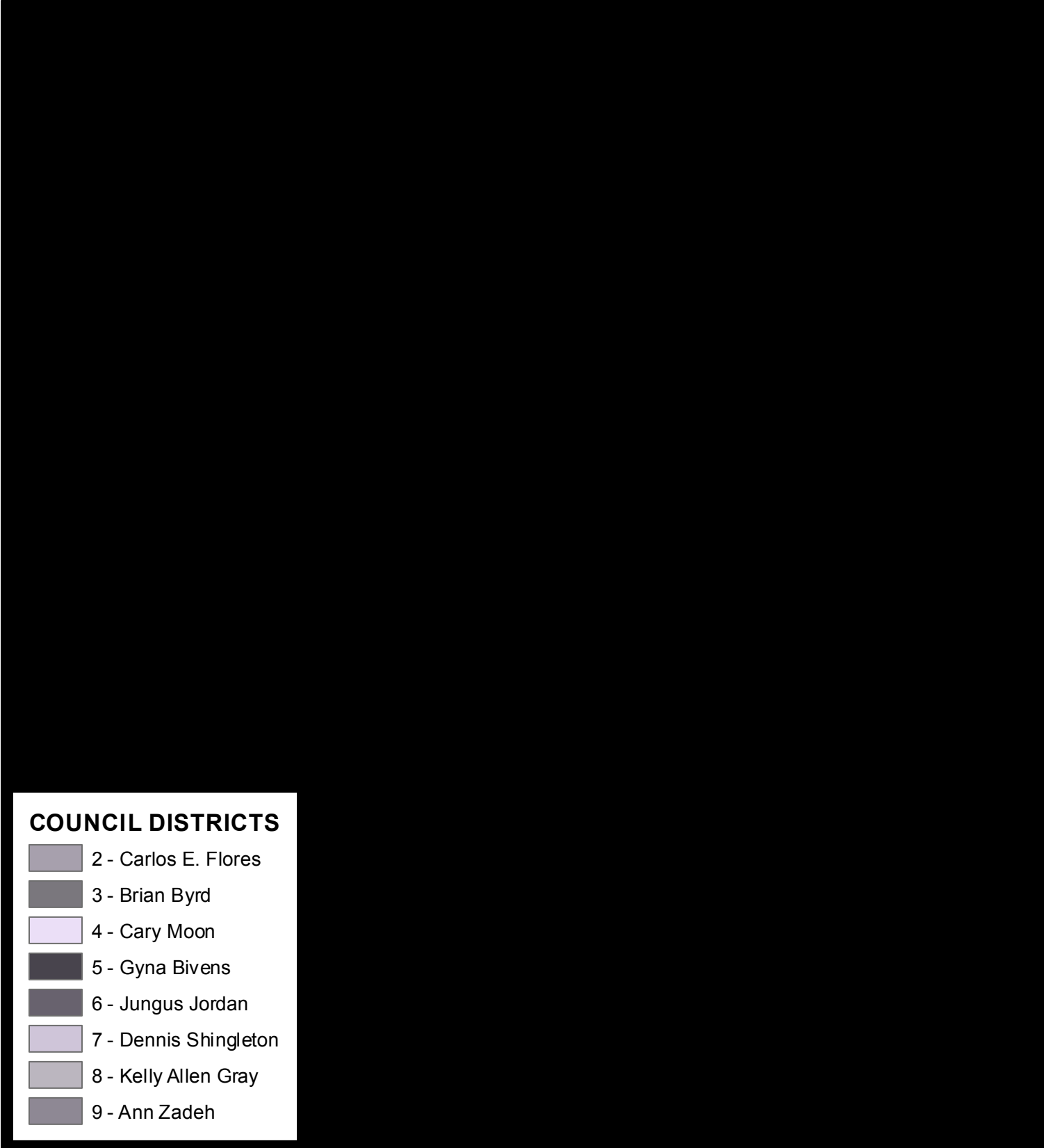
Date: _____

3-16-2020

TO SCHEDULE INSPECTIONS CALL (817) 392-6370

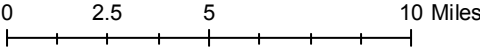


Location Map



COUNCIL DISTRICTS

-  2 - Carlos E. Flores
-  3 - Brian Byrd
-  4 - Cary Moon
-  5 - Gyna Bivens
-  6 - Jungus Jordan
-  7 - Dennis Shingleton
-  8 - Kelly Allen Gray
-  9 - Ann Zadeh








Area Zoning Map

Applicant: Jose Gonzalez by Diana Hernandez
Mapsc0: 78M
Commission Date: 7/20/2020



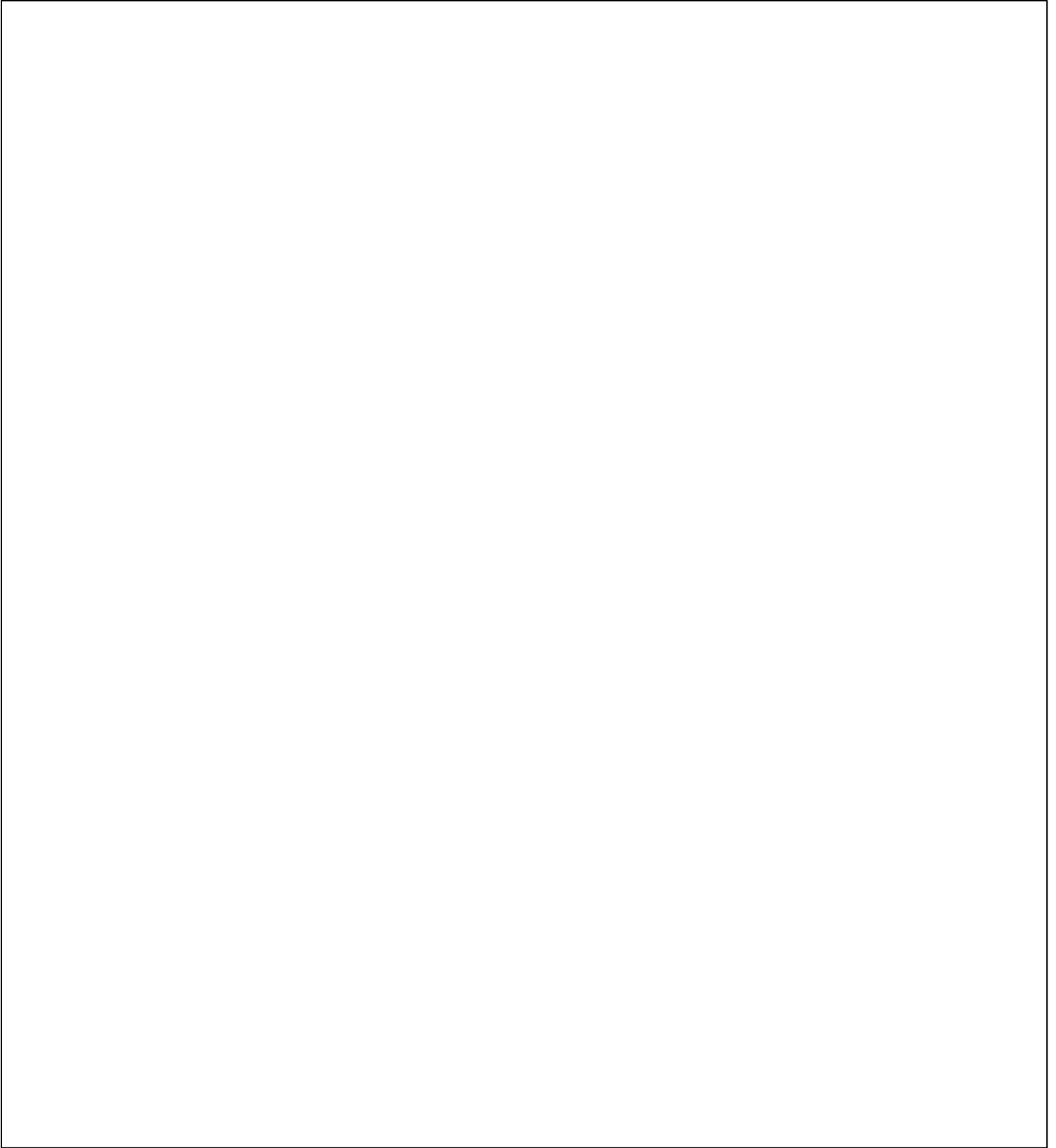
 Subject Area
 300 Foot Notification

0 87.5 175 350 Feet




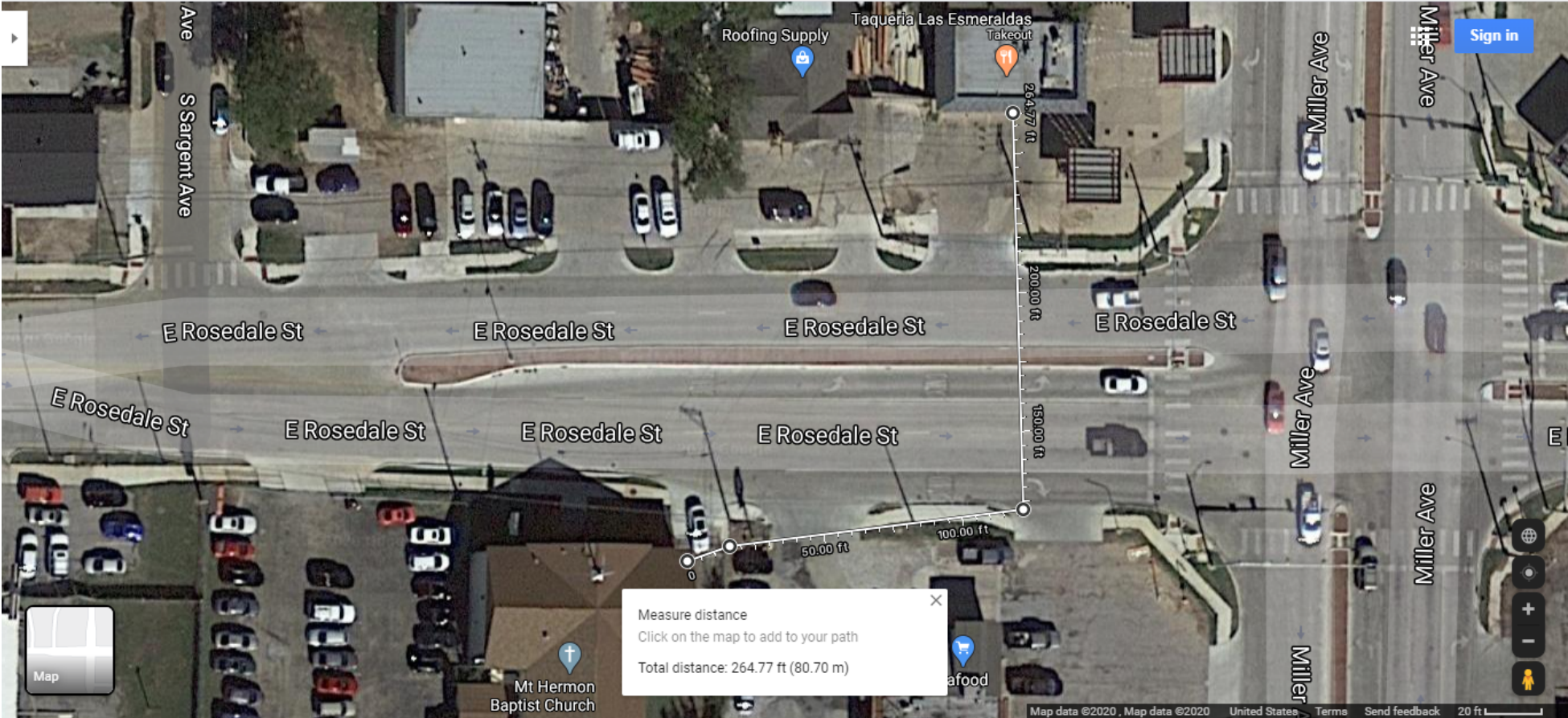
AA-20-003

Aerial Photo Map



0 40 80 160 Feet







TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans 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

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 checked="" 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 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.)
LAS ESMERALDAS

5. Location Address
4163 E Rosedale St

City <i>Fort Worth</i>	County <i>Tarrant</i>	State <i>TX</i>	Zip Code <i>76105</i>
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6. Mailing Address <i>3211 NW 33rd St</i>	City <i>Fort Worth</i>	State <i>TX</i>	Zip Code <i>76106</i>
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7. Business Phone No. <i>817 420-9696</i>	Alternate Phone No. <i>682-209-7733</i>	E-mail Address <i>LasEsmeraldas-taqueria@gmail.com</i>
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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.)
Taqueria Las Esmeraldas LLC

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 license/permit.**

10. Contact Person: *Diana Hernandez* Relation to Business: *owner/manager*

Phone (mandatory): *682-209-7733* Email (mandatory): *dianaher27@gmail.com*

TABC DATESTAMP

11. Are you, the applicant a veteran-owned business?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Are you, the applicant a Historically Underutilized Business (HUB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13. 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

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 type="checkbox"/> No
<i>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.</i>	
15. Will your business be located within 300 feet of any private/public school, day care or child care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.a If "YES," are the facilities located on different floors or stories of the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>NOTE: For private/public schools, day care centers and child care facilities measure in a direct line from the nearest property line of the school, day care center or child care facility to the nearest property line of the place of business, and in a direct line across intersections.</i>	
<i>NOTE: For multistory building: businesses may be within 300 feet of a day care center or child care facility as long as the facilities are located on different floors of the building.</i>	
<i>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.</i>	
16. Will your business be located within 1,000 feet of a private school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Will your business be located within 1,000 feet of a public school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

60-DAY SIGN

18. If required under Section 11.391 and 61.381, enter the exact date the 60-Day sign was posted at your location.	Exact Date (MM/DD/YYYY) 3/12/2020
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ALL APPLICANTS

19. IF YOUR LOCATION IS NOT WITHIN THE CITY LIMITS, CHECK HERE
I, the applicant, have confirmed I am not located in the city limits of any city, therefore, city certifications are not required.

COMPLETE THE FOLLOWING CHECKLIST BEFORE SUBMITTING YOUR APPLICATION

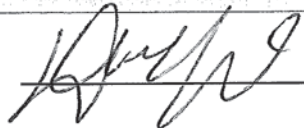
Per Sec. 102.01, a tied house is defined as any overlapping ownership between those engaged in the alcoholic beverage industry at different levels of the three-tier system. No person having an interest in a permit issued by TABC may secure or hold, directly or indirectly, an ownership interest in a business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

All required forms have been completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have reviewed all forms to ensure they are complete.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have obtained all required local and state certifications (pages 3-5).	<input type="checkbox"/> Yes <input type="checkbox"/> No
All application packets have been notarized.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone numbers and email address for Contact Person are up to date.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All additional documentation as required by the application packets is attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
If required, out of state criminal history checks are attached (PHS #7).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Certification of publication in local newspaper has been completed (page 5).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
A copy of the newspaper publication is attached (page 5).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

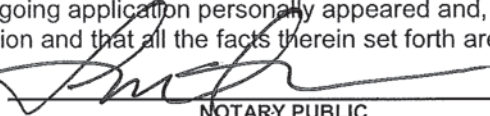
WARNING AND SIGNATURE	IF APPLICANT IS SHOWN AS:	WHO MUST SIGN:
	Proprietorship	Individual Owner
	Partnership	Partner
	Corporation	Officer
	Limited Partnership	General Partner
	Limited Liability Partnership	General Partner
Limited Liability Company	Officer/Manager	

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."

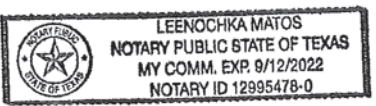
I, UNDER PENALTY OF LAW, HEREBY SWEAR THAT I HAVE READ ALL THE INFORMATION PROVIDED IN THE APPLICATION AND ANY ATTACHMENTS AND THE INFORMATION IS TRUE AND CORRECT. I ALSO UNDERSTAND ANY FALSE STATEMENT OR REPRESENTATION IN THIS APPLICATION CAN RESULT IN MY APPLICATION BEING DENIED AND/OR CRIMINAL CHARGES FILED AGAINST ME. I ALSO AUTHORIZE THE TEXAS ALCOHOLIC BEVERAGE COMMISSION TO USE ALL LEGAL MEANS TO VERIFY THE INFORMATION PROVIDED.

PRINT NAME Diana Hernandez SIGN HERE 

TITLE _____
 Before me, the undersigned authority, on this March day of 17, 2020, 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



SEAL

CERTIFICATE OF CITY SECRETARY (FOR MB, RM & V)
 Section 11.37

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

SEAL

CERTIFICATE OF CITY SECRETARY (FOR BG & BE)
 Section 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.

- Election for given location was held for:**
- 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 beer/wine (17%) on-premise **AFTER** Sept. 1, 1999
 - legal sale of beer/wine (14%) on-premise **BEFORE** Sept. 1, 1999

OR IF ABOVE DOES NOT APPLY:

- Be advised the location must have had two election passages per Section 25.14 or Section 69.17 of the TABC Code. One for beer and wine off-premise and one for mixed beverage.
- legal sale of beer and wine for off-premise consumption only
- AND EITHER:**
- legal sale of mixed beverages
- OR**
- legal sale of mixed beverages in restaurants by food and beverage certificate holders (applicant must apply for FB with BG or BE)

SIGN HERE _____, TEXAS

 City Secretary/Clerk City

SEAL

**CERTIFICATE OF CITY SECRETARY FOR LATE HOURS LICENSE/PERMIT
(LB & BL)**

Chapters 29 & 70 et seq.

I hereby certify on this _____ day of _____, 20____, that one of the below is correct:

- The governing body of this city has by ordinance authorized the sale of **mixed beverages** between midnight and 2:00 A.M.; or
- The governing body of this city has by ordinance authorized the sale of **beer** between midnight and _____ A.M.; or
- The population of the city or county where premises are located was 500,000 or more according to the 22nd Decennial Census of the United States as released by the Bureau of the Census on March 12, 2001; or
- The population of the city or county where premises are located was 800,000 or more according to the last Federal Census (2010).

SIGN
HERE

_____, TEXAS
City Secretary/Clerk City

SEAL

CERTIFICATE OF COUNTY CLERK (FOR MB, RM & V)

Section 11.37

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

SEAL

CERTIFICATE OF COUNTY CLERK (FOR BG & BE)

Section 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 and is not prohibited by any valid order of the Commissioner's Court.

Election for given location was held for:

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

OR IF ABOVE DOES NOT APPLY:

Be advised the location must have had two election passages per 25.14 or 69.17 of the TAB Code. One for beer and wine off-premise and one for mixed beverage.

- legal sale of beer and wine for off-premise consumption only

AND EITHER:

- legal sale of mixed beverages

OR

- legal sale of mixed beverages in restaurants by food and beverage certificate holders
(applicant must apply for FB with BG or BE)

SIGN
HERE

_____, COUNTY
County Clerk

SEAL

CERTIFICATE OF COUNTY CLERK FOR LATE HOURS LICENSE/PERMIT (LB & BL)

Chapters 29 & 70 et seq

- I hereby certify on this _____ day of _____, 20____, that one of the below are correct:
- The Commissioner's Court of the county has by order authorized the sale of **mixed beverages** between midnight and 2:00 A.M.; or
 - The Commissioner's Court of the county has by order authorized the sale of **beer** between midnight and _____ A.M.; or
 - The population of the city or county where premises are located was 500,000 or more according to the 22nd Decennial Census of the United States as released by the Bureau of the Census on March 12, 2001; or
 - The population of the city or county where premises are located was 800,000 or more according to the last Federal Census (2010).

SIGN HERE _____ COUNTY

County Clerk

S E A L

COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE

Section 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 MB, LB, RM, BP, BG, BE, BL & V)

Section 11.39 and 61.38

Name of newspaper		<p align="center">ATTACH PRINTED COPY OF THE NOTICE HERE <u>Hover over to see example</u></p>
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 (MM/DD/YYYY)		
Signature of Notary Public		
S E A L		



The City of Fort Worth
Development Services
200 Texas Street
Fort Worth, TX 76102
(817) 392-2222 Fax (817) 392-8116
<http://fortworthtexas.gov>
DevCustomerService@FortWorthTexas.gov

PAYMENT RECEIPT: 1271805
CASHIER: SIGMONJ
DATE: 03/16/2020

Receipt

Record Information

Record Number	Record Name	Site Address	APN
AD20-00062	LAS ESMERALDAS	4163 E ROSEDALE ST	129884

Fee Information

Item#	Description	Account Code	Invoice#	Amount
006279001		10100-0062000-4401017	1248223	\$50.00
Total Fee Amount:				\$50.00

Payment Information

Method	Comment/Reference No.	Transaction Amount
Credit Card - VISA/MC/Discover	visa-6139	\$50.00
Total Amount:		\$50.00



Planning and Development Department

Certification Form For Primary Uses With Accessory On-Premise Alcohol Consumption

The undersigned owners and /or managers of the Diana Hernandez (Legal Name of Primary Use/Business) located at 4163 E Rosebale St Fort Worth TX 76105 (address), further known as East gate center addition (legal description), located in the E zoning district, hereby agree to operate the Business in conformance with the Comprehensive Zoning Ordinance and its Principles as outlined herein.

These Principles are that:

1. Las Esmeraldas (Business name) will be the primary business and sales of 50 percent (product or service) will constitute more than 50 percent [50%] of the income of the daily receipts of the business.
2. Alcohol will not be sold when food service (product or service) is not available for sale or no event is being held. Serving of the liquor will be an accessory use.
3. The owner shall maintain documentation of revenue receipts from the sale of alcoholic products and non-alcoholic products or service and shall provide a clear accounting of the percentage of income from each. The documentation shall be submitted to the City of Fort Worth for review upon request. The revenue receipts shall be submitted to the City within 10 business days of the request to review unless additional time is determined to be necessary by the City.
4. In the case of an entertainment venue, ticket sales may be sold in advance or on site, but shall be for the event only. Ticket Cover charges intended for the entrance into an establishment only and not directly tied to the admission into a specific event or act shall

be considered income with the alcohol sales and will not count toward the ticket sales. "House" bands or other regularly performing bands shall not be considered "events" for the purposes of this regulation.

It is understood that the failure to operate under the conditions outlined above will cause a Zoning Violation subject to penalties as assessed in the Zoning Ordinance of the City of Fort Worth and cancellation of any licenses granted by the City of Fort Worth.

Signed on this date 3-16th, 2020

[Signature]
Owner

Operator

Printed Name Diana Hernandez

Address 339 Lake country
drive, Granbury TX 76049

Phone 682-209-7733

Email dianaher27@gmail.com

Notary Public Certification

[Signature]



City Contact:
Planning and Development Department
1000 Throckmorton
Lower Level
817-392-2222

Las Esmeraldas

BREAKFAST

DESAYUNO TRADICIONAL 5.50

2 Huevos Al Gusto, Papa Rayada, Tocino o Jamon con 2 Rebanadas de Pan.

2 Eggs, Hashbrown, Bacon/Ham with 2 slices of bread.

CHILAQUILES ROJOS 7.99

Fried Corn Tortillas Simmered with our specialty sauce, topped with Queso Fresco a side of Refried Beans and 2 Eggs.

HUEVOS RANCHEROS 7.99

2 Eggs Simmered with our Ranchero Sauce a side of Refried Beans and Potatoes a la Mexicana.

BREAKFAST BURRITOS \$2.50

Huevo/Chorizo, Huevo/Jamon, Huevo/Tocino,
Huevo/Papa, Huevo A la Mexicana,
Huevo/Machaca

BURRITOS \$4.99

Flour Tortilla filled with a thin layer of beans, cilantro/onion, cheese and your choice of the following meats below;

Carnitas Shredded Pork

Pastor Spicy Pork

Asada Beef

Barbacoa

Picadillo Ground Beef

Fajita De Pollo Chicken Fajita

*Consumer Advisory Consumption of undercooked meat, poultry, eggs, or seafood may increase the risk of food-borne illnesses. Alert your server if you have special dietary requirements.

Las Esmeraldas



LUNCH

ENCHILADAS ROJAS 8.99

3 Enchiladas with Queso Fresco Covered in Potatoes, Shredded Chicken and Queso Fresco with a Fresh Side Salad.

FLAUTAS 8.99

3 Chicken Flautas with a Side of Rice and Beans with a Fresh Side Salad.

ASADO CHILE ROJO 8.99

Pork Bites Smothered in our Salsa, with a Side of Rice and Beans with Fresh Corn Tortillas.

CHULETAS DE PUERCO 9.50

Grilled Pork Chop smothered in onions with a side Rice and Beans and Fresh Corn Tortillas.

FAJITAS DE RES 11.99

Fresh Fajitas Smothered in Onion, Bell Pepper and Tomatoes with a side of Rice and Beans, Fresh Side Salad and with Fresh Corn Tortillas.

COCTEL DE CAMARÓN 9.50

Fresh Shrimp Cocktail with Onions, Tomatoes, Cilantro, Avocado in Tomato Juice.

TACOS \$1

Asada/Beef, Barbacoa, Pastor/Pork, Carnitas/Shredded Pork, Fajitas de Pollo/Chicken Fajitas.

TACOS \$2

Fresh Corn Tortillas

Asada/Beef, Barbacoa, Pastor/Pork, Carnitas/Shredded Pork, Fajitas de Pollo/Chicken Fajitas, Lengua/Tounge, Tripas/Crunchy Intestine.



Las Esmeraldas



Saturday & Sunday Only

MENUDO 8.99

Traditional Mexican Soup of Pancita with Hominy in a red pepper broth with your choice of Fresh Tortillas or Bread.

Small Plate \$7.99

POSOLE 8.99

Mexican Style Soup Beef with Hominy in a Red Pepper Sauce with your Choice of Fresh Tortillas or Bread.

Small \$7.99

CALDO DE RES 8.99

Beef Stew with Vegetables a side of Rice and Fresh Corn Tortillas.

Coca Mexican \$2.75

Jarritos/Sangria \$2.50

Aguas Frescas \$2.50

Coffee \$0.99

Michelada 9.99

Preparada lista para su Cerveza de Gusto!
(Sin Alcohol)

ANTOJITOS

Vasos De Fruta 5.50

Fruta Fresca Todos los Dias!

Vaso De Elote 3

Elote Entero

Fresas Con Crema 5

Con Crema y Cereza

Mangonada 5

Con Chamoy

AD20-00062 - LAS ESMERALDAS

Update

Reset

Cancel

Help

Inspection Detail

Checklist

Conditions (0)

Documents (0)

Related Inspections

Alternate ID
[AD20-00062](#)

Inspection Type *
195 Distance Inspection

Scheduled Date *
03/25/2020

Record Type *
Development/Alcohol Distanc

Status *
Turned Down

Inspection Date
03/25/2020

Total Time *
30

Billable

Record ID *
[20DEV-00000-00C0H](#)

Department [Current Department](#)
Dev Inspectors

Inspector [Current User](#)
James Quinn

Created By ACA
No

Result Comment  [Standard Comments](#)

SIDE DOOR IS 265-275 FEET AWAY AND FRONT DOOR IS @290 FT FROM DOOR OF CHURCH MT. HERNDON AT 4150 E. ROSEDALE. Inspector: James Quinn 817-223-1895

[check spelling](#)

Request Date
03/24/2020

Request Time
11 : 31 AM

Requestor's Phone Number