



*A Continuing Care Retirement Community  
Affiliate of Pacific Retirement Services, Inc.*

City of Fort Worth  
1000 Throckmorton Street  
Fort Worth, TX 76102

Attention: City Council

Re: Summary requesting a Distance Appeal

Trinity Terrace ("TT") is a not-for-profit Continuing Care Retirement Community with a mission to provide exceptional services and a secure, comfortable environment to enrich the lives of seniors. TT has been serving Fort Worth seniors for more than 100 years and provides various levels of care and support for its residents. As the community continues to grow, TT is working hard to continue to meet the needs of its residents by expanding the facility, and providing more dining options. TT is incorporating a new lounge area, and dining space and would like to provide a fine dining experience with the inclusion of serving beer and wine.

TT is requesting a distance appeal as it is located within 300 feet of the 1<sup>st</sup> Presbyterian Church of Fort Worth. On November 19, 2013, the 1<sup>st</sup> Presbyterian Church submitted a letter of support of the application of Trinity Terrace to obtain a beer and wine license and noted the church in no way objects to the granting of the license.

The lounge and dining rooms serve to provide a great experience for residents and their guests. Trinity Terrace requests that you review our application and approve the Distance Appeal.

Thank you for your consideration of our appeal for a distance waiver.

Sincerely,

Rene' Beauchamp  
Director Resident Services  
Trinity Terrace Retirement Community

1600 Texas Street  
Fort Worth, TX 76102-3400  
(817) 338-2423  
(800) 841-0561  
Fax: (817) 335-2733  
[www.retirement.org](http://www.retirement.org)





November 19, 2013

Texas Alcohol Beverage Commissions  
Via Trinity Terrace  
Lee Patterson, Executive Director  
1600 Texas Street  
Fort Worth TX 76102

To Whom It May Concern:

By unanimous vote on Sunday, November 17, 2013, the Session - the governing body - of First Presbyterian Church, wishes to support the application of Trinity Terrace for a beer and wine license. The church in no way objects to the granting of this license.

If I may answer any questions, please do contact me.

Sincerely,

The Rev. Karl B Travis  
Pastor

*cmw*





**Request to the City Council M&C# \_\_\_\_\_**  
**ALCOHOL DISTANCE APPEAL APPLICATION**  
 (Please Print or Type)

Name of Establishment Cumberland Rest, Inc. Location 1600 Texas St. Fort Worth, TX  
 dba: Trinity Terrace 76102

Legal Description Jennings West Addition Block/Ab 39R Lot/Tr 1R

Owner of Establishment Cumberland Rest, Inc. Owner Signature X

Owner Address 1600 Texas Street City Fort Worth Zip 76102

Owner Phone No 817-338-2400 2<sup>nd</sup> Ph No 817-338-2410 Email lpatterson@retirement.org

Name of School or Church < 300 ft / 1000 ft from the establishment 1st Presbyterian Church of Fort Worth

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

Is Alcohol Consumption: ON PREMISE  or OFF PREMISE  Type of TABC License(s) \_\_\_\_\_

Type of Business Retirement Community Setback Measurement / Distance Requested 200' Is building leased? Yes  No

Building Owner / Lessor name N/A See above Lessor Signature \_\_\_\_\_

Lessor Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Lessor's Phone No. \_\_\_\_\_ 2<sup>nd</sup> Ph No \_\_\_\_\_ Email \_\_\_\_\_

Applicant Name (if other than Owner) René Beauchamp, Director Resident Services

Applicant Address 1600 Texas Street City Fort Worth Zip 76102

Applicant Phone No. 817-338-2406 2<sup>nd</sup> Ph No 682-432-4397 Email rbeauchamp@retirement.org

**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. Beginning April 1, 2011, the speaker request form must be turned in fifteen (15) minutes prior to the start of the meeting, and to register 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 <u>\$350.00</u>	By: _____	_____	_____	<u>AA14 DADO1</u>



**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: Rene' Beauchamp Phone: 817-338-2406  
 Name of Business: Chamberland Rest dba Trinity Terrace Phone: 817-338-2400  
 Application Address: 1600 Texas St. FTW TX Zip: 76102  
 Legal Description of Property: Lot: 1R Block: 39R Addition: Jennings West Add

Is there or has been a T.A.B.C. license on the property before? Yes \_\_\_ No X  
 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:  
 \_\_\_\_\_

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. residential retirement community

FOR CITY USE ONLY  
 Date Received: 9-25-13 Mapso No.: 76c Council District: 9 Zoning on the property: H  
"Allowed"

Is the location within 300' of a Church? Yes  No \_\_\_  
 Public school? Yes \_\_\_ No   
 Public hospital? Yes \_\_\_ No   
 Private school? Yes \_\_\_ No   
 If Yes, give address and date the use was established  
1000 Penn St

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

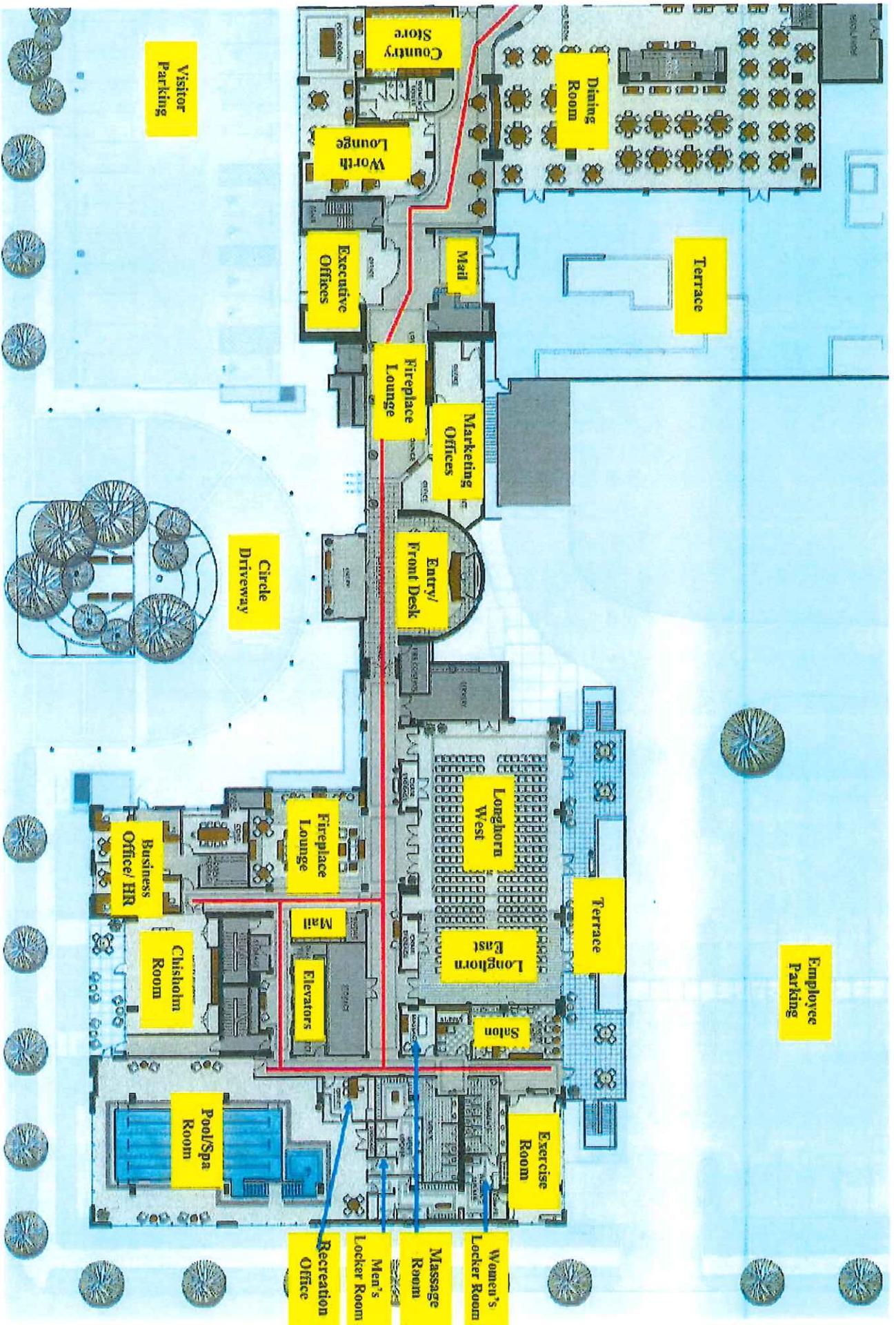
Verified by: Ned Finkl Ned Finkl Date: 9-25-13  
 (Inspector Signature and Printed Name)

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  
A 013 - 00504



Visitor Parking

Terrace

Circle Driveway

Employee Parking

County Store

Dining Room

Worth Lounge

Executive Offices

Mail

Fireplace Lounge

Marketing Offices

Entry/ Front Desk

Longhorn West

Longhorn East

Salon

Terrace

Business Office/ HR

Fireplace Lounge

Mail

Elevators

Chisholm Room

Pool/Spa Room

Exercise Room

Recreation Office

Men's Locker Room

Message Room

Women's Locker Room

logged & Posted  
9-13-13 JY



# On-Premise Prequalification Packet L-ON (10/2011)

Please complete this Prequalification Packet with information concerning your proposed business location for which you are applying to sell/serve alcoholic beverages. This information will be used to obtain your pre-qualification 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 immediately contact your local TABC office to determine if you must post a 60 Day Sign at your proposed location, and for more information.

## LOCATION INFORMATION

### 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"/> Y Wine & Beer Retailer's Permit for Railway Dining Car | <input type="checkbox"/> RM Mixed Beverage Restaurant Permit with FB |
| <input type="checkbox"/> MB Mixed Beverage Permit                               |  |

### Indicate Primary Business at this Location

- |  |   |
|--|---|
| <input type="checkbox"/> Restaurant        | <input type="checkbox"/> Sporting Arena, Civic Center, Hotel                                  |
| <input type="checkbox"/> Bar               | <input checked="" type="checkbox"/> Miscellaneous <u>Continuing Care Retirement Community</u> |
| <input type="checkbox"/> Sexually Oriented |   |

RECEIVED  
60 Day Sign  
SEP 13 2013

TABC ARLINGTON D.C.

### Trade Name of Location

Trinity Terrace  
Location Address  
1600 Texas Street

City	County	State	Zip Code
Fort Worth	Tarrant	TX	76102-
Mailing Address	City	State	Zip Code
1600 Texas Street	Fort Worth	TX	76102-

Business Phone No.	Alternate Phone No.	E-mail Address
( 817 ) 338 - 2400	( ) -	lpatterson@retirement.org

## OWNER INFORMATION

### Type of Owner

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Individual                    | <input checked="" type="checkbox"/> Corporation    | <input type="checkbox"/> City/County/University                        |
| <input type="checkbox"/> Partnership                   | <input type="checkbox"/> Limited Liability Company | <input checked="" type="checkbox"/> Other <u>nonprofit corporation</u> |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Joint Venture             |  |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Trust                     |  |

### Entity/Applicant

The Cumberland Rest, Inc.

### 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
Wilson	Douglas	M	Chair / Pres
Last Name	First Name	MI	Title
Smith	Gretchen	F	Secretary
Last Name	First Name	MI	Title
Hyatt	Michael	S	Treasurer

### MEASUREMENT INFORMATION

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.

Will your business be located within 300 feet of any private/public school, day care center or child care facility?  Yes  No

If "YES," are the facilities located on different floors or stories of the building?  Yes  No

**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.

**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.

**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.

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

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

### 60-DAY SIGN INFORMATION

If you were required to post a 60-day sign as required by Section 11.391 or 61.381 of the Texas Alcoholic Beverage Code at this location; what exact date was the required sign posted at the location?

Exact Date (mm/dd/yyyy)

09 / 13 / 2013  
01 / 09 / 2012

### WARNING AND SIGNATURE

#### If Applicant Is/Who Must Sign

Individual/Individual Owner  
Partnership/Partner  
Limited Partnership/General Partner

Corporation/Officer  
Limited Liability Company/ Officer or 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 penitentiary for not less than 2 nor more than 10 years."

**BY SIGNING YOU ARE SWEARING TO ALL INFORMATION AND ATTACHMENTS TO THIS PACKET.**

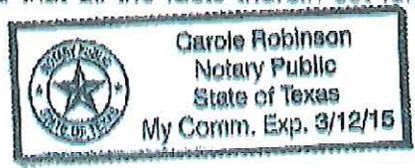
PRINT NAME Douglas Wilson

SIGN HERE *Douglas Wilson*

TITLE Chair

Before me, the undersigned authority, on this 25TH day of APRIL, 2013, 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 *Carole Robinson*  
NOTARY PUBLIC



SEAL

### CERTIFICATE OF CITY SECRETARY (FOR MB, RM, BE, **BG**, V, & Y)

CHECK HERE IF NOT IN CITY LIMITS

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

SEAL

If location can not be certified above, please complete the following:

I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that the location is prohibited by Charter or Ordinance No. \_\_\_\_\_, in reference to the sale of alcoholic beverages.

SIGN

HERE \_\_\_\_\_, TEXAS

\_\_\_\_\_  
City Secretary/Clerk

SEAL

### CERTIFICATE OF CITY SECRETARY FOR LATE HOURS LICENSE/PERMIT

CHECK HERE IF NOT IN CITY LIMITS

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 where premises are located was 500,000 or more according to the 22<sup>nd</sup> Decennial Census of the United States as released by the Bureau of the Census on March 12, 2001; or
- The population of the city where premises are located was 800,000 or more according to the last Federal Census (2010).

SIGN

HERE \_\_\_\_\_, TEXAS

\_\_\_\_\_  
City Secretary/Clerk

SEAL

### CERTIFICATE OF COUNTY CLERK (FOR MB, RM & BE)

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**, V & Y)

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 for a Wine & Beer Retailer's 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 wine/beer (17%) on-premise or wine/beer off-premise **AFTER** Sept. 1, 1999
- legal sale of wine/beer (14%) on-premise or wine/beer off-premise **BEFORE** Sept. 1, 1999

SIGN

HERE \_\_\_\_\_ COUNTY

\_\_\_\_\_  
County Clerk

SEAL

## Tedder, Susan

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**From:** Rene Beauchamp <rbeauchamp@retirement.org>  
**Sent:** Tuesday, February 18, 2014 4:20 PM  
**To:** Tedder, Susan  
**Subject:** Summary Letter for Cumberland Rest TABC appeal  
**Attachments:** Rene' Beauchamp.vcf; TT Summary re distance appeal.doc

Dear Susan,

Thank you so much for your assistance today. Attached please find the summary letter that you indicated needed to be added to our file. I will look forward to hearing from you regarding a date to appear before City Council.

If there is anything else you need, or if I can speed the process in any way, please let me know.

Thank you again,

	<b>TRINITY TERRACE</b> <b>Rene' Beauchamp</b> Director of Resident Services  (817) 338-2406 Work (682) 432-4397 Mobile rbeauchamp@retirement.org  1600 Texas St. Fort Worth, Texas 76102
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