
CITY OF PORT LAVACA

Agenda

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PORT COMMISSION MEETING: MAY 4, 2021

DATE: 4.26.2021

TO: PORT COMMISSION

CC: JIM RUDELLAT, HARBOR MASTER

FROM: JODY WEAVER, INTERIM CITY MANAGER

SUBJECT: PROPOSED AMENDMENT NO. 1 TO GROUND LEASE AGREEMENT FOR WILD REEF SEAFOOD (TRACTS 7, 8 AND 11 CITY HARBOR)

John Tesvich dba Wild Reef Seafood LLC wants to increase traffic in the store by offering for sell off-premises beer and wine. In order to allow Mr. Tesvich to move forward with this plan, the definition of "Permitted Use" in the Ground Lease Agreement must be amended and the Mayor would need to sign off on the ABC application.

The current "Permitted Use" reads as follows:

" ... the operation of Tenant's seafood business, including loadings and unloading of seafood boats, storage of seafood and shall include the full retail sale of seafood products."

The suggested amendment would add the following text to the above definition, after "products".

"..., convenience store items and off-premises beer and wine, as permitted by the Texas Alcohol and Beverage Commission.

Recommendation:

- Recommend to Council approval of the above cited amendment to the definition of "Permitted Use" in the Ground Lease Agreement with Wild Reef Seafood and recommend Council authorize the Mayor to sign the TABC permit application as owner of the facility.

Attachment: TABC Application information



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

PERSONAL HISTORY SHEET

L-PHS (11/2020)

Every officer and majority owner must complete a Personal History Statement. Answer all questions. Any false statement will disqualify you and subject you to prosecution under section 101.69 of the Texas Alcoholic Beverage Code and other criminal statutes.

OWNER/APPLICANT

1. Trade Name (Name of restaurant, bar, etc.) Wild Reef Seafood, LLC.

2. Location Address: 732 Broadway St. Port Lavaca, TX 77979

3. Marital Status: Single Married Divorced Widowed

4. Full Legal Name (Last, First, Middle)
Tesvich John Ante

Social Security Number 438-70-1152 Issuing State/ Driver's License Number Louisiana / 03861639 Date of Birth (mm/dd/yyyy) April 19, 1957

Place of Birth (City, State, Country)
Port Sulphur, Louisiana, USA

Email Address
jatesvich@yahoo.com

SPOUSE

5. Full Legal Name (Last, First, Middle)
Tesvich Jane Pobrica

Social Security Number 435-78-9548 Issuing State/ Driver License Number Louisiana 004294559 Date of Birth (mm/dd/yyyy) June 3, 1960

Place of Birth (City, State, Country)
Buras, Louisiana, USA

OTHER RESIDENT

6. Do you live with anyone over the age of 18, other than your spouse? YES NO

If "YES" please provide their information below: (If additional space is needed, please attach a page with information.)

Full legal name (Last, First, Middle)

Social Security Number Issuing State/ Driver License No. Date of Birth (mm/dd/yyyy) Relationship

RESIDENTIAL ADDRESSES

7. List residential addresses for the past five (5) years starting with current address.
If you have not lived in Texas for the previous 12 months, you are required to provide TABC with an official copy of your criminal background check from the FBI or state police of any state where you lived in the previous five years.
(If additional space is needed, please attach a list with the following information.)

Number and Street	City, State, ZIP	From (mm/yyyy)	To (mm/yyyy)
<u>30300 Hwy 23</u>	<u>Buras, LA, 70041</u>	<u>01/1982</u>	<u>PRESENT</u>

8. Business Phone No. 337-413-8000 Residential Phone No. 504-564-2733 Mobile Phone No. 504-912-2750

RESIDENT STATUS

9A. Are you a U.S. citizen? YES NO

B. If "YES" answer the following:
 Native Born Naturalized. If "Naturalized," Provide the "A" Number _____

C. If "NO" What is your legal status in the United States? Explain below, or attach a page with information.

D. Provide all documents such as Visa, Resident Alien, Employment Authorization Documents, etc.

TABC USE ONLY	APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO	SPOUSE (BE/BG ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
	CH - Date Entered / /	Supervisor's Signature	Destroy Date / /