



**TEXAS ALCOHOLIC
BEVERAGE COMMISSION**
Texans Helping Businesses & Protecting Communities

**LOCATION PACKET FOR REPORTING CHANGES
WHOLESALE, DISTRIBUTORS AND
MANUFACTURERS**

L-LRW
(4/2020)

Utilize this packet to report changes about your licensed/permit. All applicants complete questions 1 through 8. To report information that has changed since your last filed (L-LW) or (L-LRW) application, check and complete the appropriate questions 9 through 17.

If adding a subordinate license/permit, submit correct fees. See fee chart on our website: www.tabc.texas.gov

1. Current License/Permit No.

2. Trade Name of Location as on Current License/Permit

3. Location Address as on Current License/Permit

4. Owner of Business as on Current License/Permit

5. Federal Employer Identification Number (FEIN)

6. Phone Number:

7. Email Address:

INITIAL INFORMATION

8. Have there been any changes in the ownership or structure of the business since the last application was filed? ☐ Yes ☐ No

If "YES," complete the **Business Packet for Reporting Changes (L-BRC)**.

**CHECK AND COMPLETE ONLY THE SECTION(S) THAT APPLY TO YOUR CHANGE THEN
PROCEED TO THE WARNING AND SIGNATURE SECTION.**

If adding a Private Carrier's Permit (O) or Importer's Carrier's License (BJ) attach **Vehicles – Transporting Alcohol Form L-VEH**.

9. ☐ **Change Trade Name of Location**

10. ☐ **Change Mailing Address**

City

State

Zip Code

11. ☐ **Add Subordinate**

☐ **O** Private Carrier's Permit

☐ **GF** Winery Festival Permit

☐ **BI** Importer's License

☐ **DA** Brewer's Self Distribution Permit

☐ **DB** Manufacturer's Self Distribution License

☐ **BJ** Importer's Carrier's License

12. ☐ **Change Diagram of Licensed Premise**

Will the license or permit embrace the entire building and grounds at the address shown? ☐ Yes ☐ No

If "NO," attach the required diagram.

An inspection may be required prior to approval.

13. ☐ Change Owner of Premise

Does the applicant own the land and building at this proposed licensed location?

☐ Yes ☐ No

If "**NO**," complete **Owner of Property (L-OP)** and any question that applies below (14 through 16).

NOTE: Be prepared to provide additional information (such as a copy of your lease) if requested.

14. ☐ Change Lease Information

Expiration date(s)/Options _____

Monthly rental amount \$ _____

Other fees and payments to landlord _____

15. ☐ Change Sublease Information

Are you operating under a sublease at this location?

☐ Yes ☐ No

If "**YES**," complete **Sublessor (L-SL)** and indicate the following:

Expiration date(s)/Options _____

Monthly fee \$ _____

16. ☐ Change Additional Agreements Information

Are there any agreements, excluding the above, which require payment by the applicant in a dollar figure or percentage of gross or net income of the business?

☐ Yes ☐ No

If "**YES**," attach a copy of agreement.

LOCATION ADDRESS FINANCE INFORMATION

Complete this section (17a & 17b) if you have obtained financial assistance from any source since the submission of your last L-LW or L-LRW application.

17. ☐ Change in Finance Information

a. What is the new amount of financial assistance for this location? \$ _____

Please be prepared to provide copies of all documents related to the financing of this location.

b. List any new person, firm, or corporation that has advanced or will advance any money, that holds any mortgage or encumbrances against the assets of the proposed business location, or that has signed or co-signed, guaranteed or financially assisted this business location for which you are seeking a license/permit. If a partnership or corporation, list entity along with partners/officers.

Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount \$	Terms
Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount \$	Terms

WARNING AND SIGNATURE

If Applicant Is/Must Sign

Individual/Individual Owner	Corporation/Officer
Partnership/Partner	Limited Liability Company/ Officer or Manager
Limited Partnership/General Partner	

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."

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

PRINT NAME _____ SIGN HERE _____

TITLE _____

Before me, the undersigned authority, on this _____ day of _____, 20____, 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

S E A L



**TEXAS ALCOHOLIC
BEVERAGE COMMISSION**

Texans Helping Businesses & Protecting Communities

**LOCATION PACKET
FOR WHOLESALERS,
DISTRIBUTORS AND MANUFACTURERS**

L-LW (4/2020)

The Location Packet (L-LW) should be completed by all Wholesalers, Distributors and Manufacturers submitting an original, reinstatement, and/or change of location application. This packet (L-LW) along with the Prequalification Packet (L-W) must be submitted to your local TABC office.

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

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. Trade Name of Location (Name of distribution company, distillery, etc.)

3. Location Address

4. Owner of Business/Applicant-(Name of Corporation, LLC, etc.)

5. Federal Employer Identification Number (FEIN):

INITIAL INFORMATION

6. Do you have a current and active license/permit issued by TABC under the above FEIN? ☐ Yes ☐ No
If "YES," please indicate the license/permit number of the last license/permit issued _____
If "NO," complete the **Business Packet (L-B)**.

7. If you hold a current license/permit under the above FEIN has there been any change in the ownership or structure of the business since the last application was filed? ☐ Yes ☐ No
If "YES," complete the **Business Packet for Reporting Changes (L-BRC)**.

OWNERSHIP/LEASE/SUBLEASE/MANAGEMENT INFORMATION

8. Do you, the applicant, own the land and building at this proposed licensed location? ☐ Yes ☐ No
If "NO," please complete **Owner of Property (L-OP)**.

9. If operating under a lease at this location, indicate:

Expiration date(s)/Options _____

Monthly rental amount \$ _____

Other fees and payments to landlord _____

10. Are you operating under a sublease at this location? ☐ Yes ☐ No
If "YES," complete **Sublessor (L-SL)** and indicate the following:
Expiration date(s)/Options _____
Monthly fee \$ _____

11. Will the license or permit embrace the entire location address as shown in question #3? ☐ Yes ☐ No
If "NO," attach a diagram of your premise as required by Section 11.49.
The location will be inspected prior to approval of your application.

12. Do you, the applicant, share the premises with another business entity? ☐ Yes ☐ No
If "YES," indicate the tradename(s) of business(es) and sales and use tax number(s) for other business(es):

Trade Name _____ Sales & Use Tax Number _____

FINANCE INFORMATION

13. What is the amount of total investment from all sources for this location? \$ _____
Please be prepared to provide copies of all documents related to the financing of this location.

14. List any and all sources of funds advanced to you for your business. If a partnership or corporation, list entity along with partners/officers.

(If more space is needed, attach additional page.)

Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount \$	Terms
Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount \$	Terms
Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount \$	Terms
Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount \$	Terms
Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount \$	Terms
Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount \$	Terms
Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount \$	Terms

BONDED WAREHOUSE PERMIT (J / JD) (Wet / Dry)

15. In general terms, specify what other goods and commodities are stored in this warehouse.

16. Are you providing services to permit holders other than storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is at least 50% of gross revenue during each three (3) month quarter derived from goods and merchandise other than alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is the location in a wet or dry area?	<input type="checkbox"/> Wet <input type="checkbox"/> Dry
BREWERS (B) (Malt greater than 4% of alcohol by weight)	
19. Do you, the applicant, intend to engage in the business of brewing and packaging ale in Texas within the three-year period covered by the original license and one successive renewal in quantities to qualify as a bona fide brewing manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Do you, the applicant, intend to contract with another brewery to produce your product? If "Yes," provide the TABC license/permit number of that brewery. _____ Is your product brewed at their location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do you, the applicant, intend to utilize an alternating proprietorship agreement to produce your product? If "Yes," provide TABC license/permit number of that brewery. _____ Is your product brewed at their location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
MANUFACTURERS (BA) (Malt 4% or less of alcohol by weight)	
22. Do you, the applicant, intend to engage in the business of manufacturing and packaging beer in Texas within the three-year period covered by the original license and one successive renewal in quantities to qualify as a bona fide brewing manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do you, the applicant, intend to contract with another manufacturer to produce your beer product? If "Yes," provide the TABC license/permit number of that manufacturer. _____ Is your product manufactured at their location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
24. Do you, the applicant, intend to utilize an alternating proprietorship agreement to produce your beer product? If "Yes," provide TABC license/permit number of that manufacturer. _____ Is your product manufactured at their location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
MANUFACTURERS (BA) and BREWERS (B)	
25. If you intend to operate under an alternating or contract brewing agreement; do you, the applicant, own a fee interest in a brewing facility? If "No," please submit a Fee Interest Bond which must be on file and approved prior to the issuance of your license/permit. Fee Interest Bond form and instructions: http://www.tabc.state.tx.us/forms	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Do you, the applicant, hold a Brewer's Notice issued by the Alcohol and Tobacco Tax and Trade Bureau of the United States Department of the Treasury? If "Yes," please provide TTB Brewers Notice Number _____ and <i>attach copy</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
MANUFACTURERS (BA), BREWERS (B), DISTILLERS (D) and WINERIES (G)	
27. Is any property line of your premises within 300 feet of a residential address or established neighborhood association? Click Notice of Application to view and print notice.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES," and you intend to sell for on-premise consumption, you must notify each residential address and established neighborhood association(s). A copy of the completed notice must be submitted along with a list of all addresses notified; as required by Section 11.393 and 61.38	

WHOLESALE (W)

28. Do you, the applicant, intend to sell ale or malt liquor? ☐ Yes ☐ No
NOTE: You must submit a territorial agreement from the actual manufacturer of the product.

DISTRIBUTORS (BB, BC & BD)

29. Do you, the applicant, have an adequate building, storage facilities, sufficient employees, delivery vehicles and rolling stock to provide service and sales for each brand of beer in an amount equal to the demand for the product from all retailers in applicant's assigned territory? ☐ Yes ☐ No
NOTE: If you are applying for a General Distributor's License, Local Distributor's License or Branch Distributor's License, you must submit a territorial agreement from the **actual manufacturer** of each beer product you are handling.

WINERIES (G)

30. Do you, the applicant, hold or have you applied for a Federal Winemaker's and Blender's Basic Permit issued by the Alcohol and Tobacco Tax and Trade Bureau (TTB)? ☐ Yes ☐ No
If "YES," attach a copy of the Federal Winemaker's and Blender's Basic Permit issued by the TTB. Be advised a copy of this permit must be presented before issuance.
31. Do you, the applicant, intend to engage in any activity authorized by the winery permit on the permitted premise of another winery? ☐ Yes ☐ No
If "YES," provide the TABC permit number of that winery _____ and attach copy of any agreement(s).

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

EACH LICENSEE OR PERMITTEE SHALL HAVE EXCLUSIVE OCCUPANCY AND CONTROL OF THE ENTIRE LICENSED LOCATION WITH RESPECT TO SALE OF ALCOHOLIC BEVERAGES. ANY ARRANGEMENT THAT SURRENDERS SUCH CONTROL OF THE EMPLOYEES, PREMISES OR BUSINESS, INCLUDING PROFITS AND LOSSES, TO PERSONS OTHER THAN THE LICENSEE OR PERMITTEE IS UNLAWFUL.

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."

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

PRINT NAME _____ SIGN HERE _____

TITLE _____

Before me, the undersigned authority, on this _____ day of _____, 20_____, 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



Trade Name or Permit Number _____

OWNER OF PROPERTY INFORMATION

1. Indicate if owner of property is:

☐ Owner of Land and Building ☐ Owner of Land ☐ Owner of Building ☐ Owner of Boat

Note: If land and building are owned by different entities, complete Form L-OP for each entity.

INDIVIDUAL OWNER

2. Full Legal Name (Last, First, Middle):

Date of Birth (mm/dd/yyyy)

SSN:

BUSINESS ENTITY OWNER

3. Name of Business Entity

Federal Employer Identification Number (FEIN) for Owner of Property

Full Legal Name of Partner, Officer (Last, First, Middle)

Date of Birth (mm/dd/yyyy)

Title

Full Legal Name of Partner, Officer (Last, First, Middle)

Date of Birth (mm/dd/yyyy)

Title

Full Legal Name of Partner, Officer (Last, First, Middle)

Date of Birth (mm/dd/yyyy)

Title

Full Legal Name of Partner, Officer (Last, First, Middle)

Date of Birth (mm/dd/yyyy)

Title

Full Legal Name of Partner, Officer (Last, First, Middle)

Date of Birth (mm/dd/yyyy)

Title

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



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SUBLESSOR

L-SL
(4/2020)

1. Trade Name of Location

2. Indicate if you are:

☐ Sublessor ☐ Concessionaire ☐ Management Company of Permittee

3. Business Entity Name for Sublessor, Concessionaire or Management Company

4. Federal Employer Identification Number (FEIN) for Sublessor, Concessionaire or Management Company

COMPLETE THE FOLLOWING:

Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	Date of Birth (mm/dd/yyyy)

Title/Owner

Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	Date of Birth (mm/dd/yyyy)

Title/Owner

Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	Date of Birth (mm/dd/yyyy)

Title/Owner

Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	Date of Birth (mm/dd/yyyy)

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