

TEXAS ALCOHOLIC BEVERAGE COMMISSION

Partnership

Texans Helping Businesses & Protecting Communities

AGE COMMI				L-P (10/2021)		
This Partnership form should be completed for origina	al applications or for changes of par	tnerships, limited pa	rtners			
partnerships, and joint ventures holding ownership in this business For more information contact your local TABC office or visit us at: <i>www.tabc.texas.gov</i>						
ENTITY INFORMATION						
1. Federal Employer Identification Number (FEIN)						
2. Business Entity Name						
3. Filing Number						
4. Date Filed (mm/dd/yyyy)		State				
CORPORATE OWNERSHIP INFORMATION						
General Partner						
Last Name	First Name		MI	Title		
SSN Dut of Country	Date of Birth (mm/dd/yyyy)	Percentage Members	ship or	Units Held		
General Partner						
Last Name	First Name		MI	Title		
SSN Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held				
General Partner						
Last Name	First Name		MI	Title		
SSN Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Members	ship or	Units Held		
General Partner						
Last Name	First Name	1	MI	Title		
SSN Dut of Country	Date of Birth (mm/dd/yyyy)	Percentage Members	ship or	Units Held		
General Partner Limited Partner						
Last Name	First Name		MI	Title		
SSN Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Members	ship or	Units Held		
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General Partner	1	1				
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SSN Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Members	ship or	Units Held		

CORPORATE OWNERSHIP INFORMATION CONTINUED					
General Partner Limited Partner					
Last Name	First Name	MI Title			
SSN Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held			
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IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE					