

# Business Packet for Reporting Changes

The Business Packet for Reporting Changes (L-BRC) must be completed if there has been any change within your current business structure or applying for a change of class. This packet includes the following forms:

- L-C (Corporation, Trust, City, County or University)
- L-LLC (Limited Liability Company)
- L-P (Partnership)
- L-PHS (Personal History Sheet) – For any new officer, director, manager or majority stockholder/member/partner to your entity. Note: This form (L-PHS) is not required for holders of an **S**, **U**, **BS** and **DS**.

Submit your completed packet to your local TABC office. To find your local office access our website at [www.tabc.texas.gov/contact\\_us/local\\_field\\_office.asp](http://www.tabc.texas.gov/contact_us/local_field_office.asp)

If you are a holder of an **S**, **U**, **BS** or **DS**, submit your application directly to TABC, PO Box 13127 Austin TX 78711-3127. For questions and/or assistance contact [licensing@tabc.texas.gov](mailto:licensing@tabc.texas.gov) or by phone at 512-206-3360.

## Type of Change:

- **Officers, Manager, Director, Stockholder, Member or Trustee/Beneficiary:** Depending on your business type, complete any/all of the following: L-BRC, L-C, L-LLC and/or L-P. A complete business structure must be disclosed on these forms. Personal history sheets (L-PHS) must be completed for any new officer, director, manager or majority stockholder/member/partner to your entity.
- **Change of Business Entity:** Complete the entire Business Packet for Reporting Changes (L-BRC, L-C, L-LLC and/or L-P) for each location affected by the change. TABC requires 10 days prior notice of the change. A Personal History Sheet(s) (L-PHS) for each new individual to your entity and a \$100.00 fee will be required for each location. Review Section 11.12, of the Texas Alcoholic Beverage Code, for qualification and additional requirements. Your current License/Permit will need to be submitted with your application.
- **Merger:** Complete entire Business Packet for Reporting Changes (L-BRC, L-C, L-LLC and/or L-P), The merger must be reported within 10 days of the occurrence, a \$100.00 fee per each location, and an affidavit including all tradenames and locations with license/permit numbers affected must be included. Complete Personal History Sheets (L-PHS) for new individuals to your entity. Your current License/Permit will need to be submitted with your application.
- **Conversion:** Complete the entire Business Packet for Reporting Changes (L-BRC, L-C, L-LLC and/or L-P), attach the certificate of conversion, and an affidavit including all tradenames and locations with license/permit numbers. Complete Personal History Sheets (L-PHS) for new individuals to your entity. Your current License/Permit will need to be submitted with your application.
- **Change of Class (for change of class only):** Complete form (L-BRC) pages 1 and 2 (that apply to your change) and submit any fees required. Your current License/Permit will need to be submitted with your application.
- **Consolidation (Package Store Only):** Complete the entire Business Packet for Reporting Changes (L-BRC, L-C, LLC, and/or L-P), attach the letter of intent to consolidate (consanguinity letter) and a Personal History Sheet (L-PHS) must be completed for new individuals to your entity.



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

BUSINESS PACKET for REPORTING CHANGES

L-BRC (4/2020)

You must complete the entire Business Packet for Reporting Changes according to your changes as outlined on the instruction sheet (L-BRCI). Select appropriate entity pages. Personal history sheets (L-PHS) must be completed for any new officer, director, manager or majority stockholder/member/partner.

All statutory references mentioned in this application refer to and can be found in the Texas Alcoholic Beverage Code located on our website. www.tabc.texas.gov/laws/code\_and\_rules.asp

INDICATE ALL CHANGE(S) YOU ARE REPORTING WITH THIS APPLICATION

1. Current License/Permit No. 2. Contact Phone Number 3. Email Address

4. Type of Change: Officer, Manager, Director, Stockholder, Member; Partner (limited or general); Trustee/Beneficiary; Change of Business Entity; Merger; Conversion; Consolidation (Package Store Only); Other

5. Effective Date of above change (MM/DD/YYYY)

6. Are you applying for a change of class? If YES, indicate type of change: FROM Wine and Beer Retailer's Permit (BG) TO Wine and Beer Retailer's Off-Premise Permit (BQ); FROM Beer Retailer's On-Premise License (BE) TO Beer Retailer's Off-Premise License (BF)

OWNER INFORMATION

7. Owner of Business on Current License/Permit 8. Federal Employer Identification No. (FEIN)

OWNER INFORMATION (ONLY FOR CHANGE OF BUSINESS ENTITY, MERGER, AND CONVERSION)

9. Type of Owner: Individual, Corporation, Limited Liability Company, Partnership, Limited Partnership, Limited Liability Partnership, City/County/University, Joint Venture, Trust, Other

BUSINESS INFORMATION

10. If any person listed in this Business Packet, or his or her spouse, has been finally convicted or received deferred adjudication for any of the offenses below, indicate by checking all that apply: any felony offense, prostitution, bookmaking, gambling or gaming, bootlegging, vagrancy offense involving moral turpitude, any offense involving dangerous drugs, synthetic cannabinoids or controlled substances as defined in Texas Controlled Substances Act, any offense involving firearms or a deadly weapon, more than three violations of the Texas Alcoholic Beverage Code relating to minors, violations of the Texas Alcoholic Beverage Code resulting in a criminal fine of \$500, violations of an individual's civil rights or discrimination against an individual on the basis or race, color, creed or national origin. Has it been five years since the termination of a sentence, parole or probation served for any offenses indicated above? If it has not been five years since the termination of a sentence, parole or probation served, attach an explanation.

11. Has any person listed in this Business Packet, or his or her spouse, had a cancellation of a license or permit in the past five years? If YES, attach an explanation.

The applicant, license/permit holder, agent, servant or employee may not directly or indirectly have any overlapping ownerships or other prohibited relationships (including unfair competition and unlawful trade practices) between those engaged in the alcoholic beverage industry at different levels, that is, between a manufacturer and a wholesaler or retailer, or between a wholesaler and a retailer, as the words "wholesaler," "retailer," and "manufacturer" are ordinarily used and understood, regardless of the specific names given a license/permit. Reference Chapter 102 et seq.

12. Is any person, involved in this application, in violation of the above requirements?  Yes  No  
 If "YES," attach an explanation.

**COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE  
 (FOR CHANGE OF ENTITY ONLY)**

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**

**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	

**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

**S E A L**



**This Corporation form should be completed for original applications or for changes of officers, directors, stockholders, trustees, and beneficiaries holding ownership in this business. This form is included in the Business Packet (L-B) for new applicants. License/Permit holders reporting changes use Business Packet for Reporting Changes (L-BRC).**

**For more information contact your local TABC office or visit us at: [www.tabc.texas.gov](http://www.tabc.texas.gov)**

**ENTITY INFORMATION**

1. Federal Employer Identification Number (FEIN)

2. Business Entity Name

3. Filing Number

4. Date Filed (mm/dd/yyyy)

State

Class and Number of Shares Issued

**CORPORATE OWNERSHIP INFORMATION**

Officer  Director  Stockholder  Trustee  Beneficiary *(Mark All That Apply)*

Last Name

First Name

MI

Title

SSN  Out of Country

Date of Birth (mm/dd/yyyy)

Specify Class & No. of Shares

Officer  Director  Stockholder  Trustee  Beneficiary *(Mark All That Apply)*

Last Name

First Name

MI

Title

SSN  Out of Country

Date of Birth (mm/dd/yyyy)

Specify Class & No. of Shares

Officer  Director  Stockholder  Trustee  Beneficiary *(Mark All That Apply)*

Last Name

First Name

MI

Title

SSN  Out of Country

Date of Birth (mm/dd/yyyy)

Specify Class & No. of Shares

Officer  Director  Stockholder  Trustee  Beneficiary *(Mark All That Apply)*

Last Name

First Name

MI

Title

SSN  Out of Country

Date of Birth (mm/dd/yyyy)

Specify Class & No. of Shares

**CORPORATE OWNERSHIP INFORMATION** *CONTINUED*

Officer  Director  Stockholder  Trustee  Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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Officer  Director  Stockholder  Trustee  Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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Officer  Director  Stockholder  Trustee  Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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Officer  Director  Stockholder  Trustee  Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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Officer  Director  Stockholder  Trustee  Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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Officer  Director  Stockholder  Trustee  Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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Officer  Director  Stockholder  Trustee  Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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Officer  Director  Stockholder  Trustee  Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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**IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE**



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

LIMITED LIABILITY COMPANY

L-LLC (4/2020)

This Limited Liability Company form should be completed for original applications or for changes of officers, managers, and members holding ownership in this business. This form is included in the Business Packet (L-B) for new applicants. License/Permit holders reporting changes use the Business Packet for Reporting Changes (L-BRC). For individuals outside the United States, not holding a social security number check the "Out of Country" box.

For more information contact your local TABC office or visit us at: www.tabc.texas.gov

ENTITY INFORMATION

1. Federal Employer Identification Number (FEIN)
2. Business Entity Name
3. Filing Number
4. Member Managed or Manager Managed
5. Date Filed (mm/dd/yyyy) State Class and Number of Memberships or Units Issued

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION

Owner information sections including checkboxes for Officer, Manager, Member, and fields for Last Name, First Name, MI, Title, SSN, Date of Birth, and Percentage Membership or Units Held.

**LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION CONTINUED**

Officer  Manager  Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
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Officer  Manager  Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
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Officer  Manager  Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
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Officer  Manager  Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
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Officer  Manager  Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
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Officer  Manager  Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
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Officer  Manager  Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
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Officer  Manager  Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> 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**



**This Partnership form should be completed for original applications or for changes of partnerships, limited partnerships, limited liability partnerships, and joint ventures holding ownership in this business. This form is included in the Business Packet (L-B) for new applicants. License/Permit holders reporting changes use Business Packet for Reporting Changes (L-BRC).**

**For more information contact your local TABC office or visit us at: [www.tabc.texas.gov](http://www.tabc.texas.gov)**

**ENTITY INFORMATION**

1. Federal Employer Identification Number (FEIN).

2. Business Entity Name

3. Filing Number

4. Date Filed (mm/dd/yyyy)

State

**PARTNERSHIP INFORMATION**

General Partner  Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner  Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner  Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner  Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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**PARTNERSHIP INFORMATION *CONTINUED***

General Partner    Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner    Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner    Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner    Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner    Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner    Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner    Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner    Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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**IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE**



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.)
2. Location Address:
3. Marital Status: Single Married Divorced Widowed
4. Full Legal Name (Last, First, Middle)
Social Security Number Issuing State/ Driver's License Number Date of Birth (mm/dd/yyyy)
Place of Birth (City, State, Country)
Email Address

SPOUSE

5. Full Legal Name (Last, First, Middle)
Social Security Number Issuing State/ Driver License Number Date of Birth (mm/dd/yyyy)
Place of Birth (City, State, Country)

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.)

Table with 4 columns: Number and Street, City, State, ZIP, From (mm/yyyy), To (mm/yyyy). Includes PRESENT row.

8. Business Phone No. Residential Phone No. Mobile Phone No.

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 YES NO SPOUSE (BE/BG ONLY) YES NO OTHER YES NO
CH - Date Entered Supervisor's Signature Destroy Date

## EMPLOYMENT HISTORY

10. List employment for the *past five (5) years* beginning with your current employer. If self-employed or retired, include the name of your company or company from which you retired, type of business owned or the position held prior to retirement. Include periods of unemployment. All periods of time must be accounted for during the past five years. (If additional space is needed, attach a separate sheet.)

Name of Employer/Company	Address (Street, City, State, ZIP)	Position Held/Business Type	From (mm/yyyy)	To (mm/yyyy)
				<b>PRESENT</b>

## INDIVIDUAL FINANCIAL INFORMATION

11. List the total amount of **your** personal investment in this location. Provide investment details including notes, loans, gifts, cash, services or equipment, and operating capital. Account for the original source of all investments (how acquired). Enter total dollar amount on the line of the amount invested column. (If additional space is needed, attach a separate sheet.)

**NOTE:** If investment is in the form of a loan or gift, attach name of lender or financial institution, address, terms and security and loan/gift documents. If from an individual, attach personal information for all individuals including: name, social security and driver license numbers, date of birth, race, sex, etc.

Amount Invested	Original Source of Investment (loans, previous employment, etc).
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	<b>TOTAL AMOUNT OF PERSONAL INVESTMENT</b>

## SIGN AND NOTARIZE APPLICATION

**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 this document 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:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the person whose name is signed to the foregoing document personally appeared and duly sworn by me, each states under oath that he or she has read the said document and that all facts therein set forth are true and correct.

**SIGN HERE:** \_\_\_\_\_

**(S E A L)**

Notary Public