



**Contact your local TABC office to verify requirements of Section 11.391 and 61.381**  
**Submit the completed application to your local TABC office for processing.**  
*All statutory references mentioned in this application refer to the Texas Alcoholic Beverage Code which can be located on our website by clicking [here](#).*

**LOCATION INFORMATION**

<b>1. Type of Private Club Permit</b> <input type="checkbox"/> <b>N</b> Private Club Registration Permit <input type="checkbox"/> <b>LH</b> Late Hours Certificate <input type="checkbox"/> <b>NB</b> Private Club Malt Beverage and Wine Permit <input type="checkbox"/> <b>FB</b> Food and Beverage Certificate <input type="checkbox"/> <b>NE</b> Private Club Exemption Certificate Permit		<b>2. Indicate Primary Business at this Location</b> <input type="checkbox"/> Bar <input type="checkbox"/> Sexually Oriented <input type="checkbox"/> Restaurant <input type="checkbox"/> Sporting Arena, Civic Center, Hotel <input type="checkbox"/> Miscellaneous _____	
<b>3. Trade Name of Location (Name of restaurant, bar, club etc.)</b>			
<b>4. Location Address</b> Street Number      Street Name  City      County      State      Zip Code			
<b>5. Mailing Address</b> Street Number      Street Name      City      State      Zip Code			
<b>6. Business Phone No.</b>		<b>Alternate Phone No.</b>	<b>E-mail Address</b>

**OWNER INFORMATION**

<b>7. Type of Owner</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Incorporated Association of Persons <input type="checkbox"/> Unincorporated Association of Persons			
<b>8. Name of Owner/Applicant</b>			
<b>9. Are you, the applicant, a veteran-owned business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>10. Are you, the applicant, a Historically Underutilized Business (HUB)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>11. Club Officers (All officers must be listed. Attach Form L-OIC if additional space is needed)</b>			
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title

**MEASUREMENT INFORMATION**

Click [here](#) for measurement instructions, information, and requirements

<b>12. If you are not applying for a Food and Beverage Certificate, will your business be located within 300 feet of any day care center or child care facility?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," are the facilities located on different floors or stories of the building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>13. Is any property line of your premises within 300 feet of a residential address or established neighborhood association?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," and if you are applying for an On-Premise License/Permit, and if a Food and Beverage Certificate is not applied for, you must notify each residential address and established neighborhood association. The notice must be provided not earlier than the 14th day and not later than the 7th day before the date the application is filed. Submit a copy of the completed notice along with a list of all addresses notified; as required by Section 11.393 and 61.38 Click <a href="#">Notice of Application</a> to view and print notice.	

**LATE HOURS CERTIFICATE**

To determine whether the club is authorized to receive a Late Hours Certificate, **answer one of the following questions.**

<b>14. Is the proposed licensed location in a city or county that was 500,000 or more in population 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 is the proposed licensed location in a city or county that was 800,000 or more according to the last Federal Census (2010)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>15. If the proposed licensed location is in an unincorporated area of a county has the county commissioner's court adopted by order the late hours of consumption of alcoholic beverages?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>16. If the proposed licensed location is in an incorporated city/town, has the governing body of the city/town adopted by ordinance the late hours consumption of alcoholic beverages?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PRIMARY CONTACT PERSON**

The primary contact person should be a person who can answer questions TABC may have about the application. The contact **phone and email are mandatory and must be active and updated regularly.** If additional information is needed, it will be requested from this contact person. **Delays in responding to requests may delay the processing and approval of your license/permit.**

<b>17. Contact Person:</b>	Relation to Business:
Phone (mandatory):	Email (mandatory):

TABC DATESTAMP

**60-DAY SIGN INFORMATION**

18. 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; provide exact date the required sign was posted at the location.	Exact Date (MM/DD/YYYY)
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**ALL APPLICANTS**

19.  **CHECK HERE IF NOT IN CITY LIMITS** I, the applicant, have confirmed I am not located in the city limits of any city and therefore all city certificates are not required.

**WARNING AND SIGNATURE**

**An Officer Must Sign**

**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.**

<b>PRINT NAME</b> _____	<b>SIGN HERE</b> _____
	<b>TITLE</b> _____

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**

**COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE**

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**

**PUBLISHER'S AFFIDAVIT (FOR N, LH, NE & NB)**

Name of newspaper		ATTACH PRINTED COPY OF THE NOTICE HERE  <a href="#">Click here to see example of newspaper publication</a>
City, County		
Dates notice published in daily/weekly newspaper (MM/DD/YYYY)		
<b><i>Publisher or designee certifies attached notice was published in newspaper stated on dates shown</i></b>		
Signature of publisher or designee		
Sworn to and subscribed before me on this date		
Signature of Notary Public		
<b>S E A L</b>		