

## Out-Of-State Winery Direct Shipper's Permit (DS)

L-DS (03/2022)

	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_Ensure you have obtained a valid Texas Sales Tax Permit Number.									
S m Z	Fee									
TABC USE ONLY		Registry No.								
1.	APPLICATION FILED FOR:									
	☐ Individual ☐ (	Corporation	☐ Limited Liability Company ☐ Partnership							
	☐ Limited Partnership ☐ L	Limited Liability Partnership	Other:							
2.	Trade Name of Business									
3.	Address of Location (must be U	J.S. Winery address as shown c	on TTB Permit.) City	State	Zip Code (9 digits)					
4.	Mailing Address		City	State	Zip Code (9 digits)					
5.	Business Telephone Number Alternate Telephone Number E-Mail Address									
6.	Does the applicant hold a Winery Permit in the State of Texas?									
	Does the applicant operate a winery located in the United States and hold all state and federal permits necessary to operate the winery, including the federal winemaker's and blender's basic permit?									
	If "YES," indicate your TTB Per	rmit Number:		(	Copy Must be Attached.					
		INDIVIDU	AL OWNER							
8.	Full Legal Name (Last, First, Middle)		Date of Birth (mm/dd/yyyy)							
	Permanent Mailing Address		City	State	Zip Code (9 digits)					
	Residential Address		City	State	Zip Code (9 digits)					
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.  9. Contact Person:  Relation to Business:										
hon	e (mandatory):		Email (mandatory):							
	INITIAL APPLICATION INCOMPLETE ADDITIONAL CORF									
		YES - NO YES - NO		PROCESSOR ERROR						
≻.	PROCESS DATE: PROCESSOR I.D.:		YES - NO		KUK					
TABC USE ONLY	TABC DATESTAMP									

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## REPORTING OWNERSHIP

If multiple levels of ownership, use this form to disclose each entity at each level. Use additional copies if necessary to disclose each level.

If applicant is a partnership, 100% of the interest in the partnership must be accounted for among the partners listed. If one or more of your general or limited partners is a limited partnership or limited liability partnership, complete an additional section of question 10 for each partnership. If one or more of your general or limited partners is a corporation, complete question 10 for each corporation or Limited Liability Company.

<ul> <li>If applicant is a corporation and stockholder is corporation, provide pertinent information as indicated in question 10F.</li> </ul>								
PARTNERSHIPS / CORPORATIONS / LIMITED LIABILITY COMPANY								
10A. Indicate type of ownership and complete the information below: ☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership								
B. Federal Employer's I.D. No.:								
C. Entity Name:								
<b>D.</b> Filing No.: Date Approved:		State:						
E. Number and class of shares, memberships or units issued:								
F. COMPLETE THE FOLLOWING FOR REPORTING OWNERSHIP:								
Full Legal Name (Last, First Middle) ☐ Officer ☐ Partner ☐ Director/	Date of Birth (mm/dd/yyyy)							
Class & No. Shares Held, % Memberships, or % Interest	Title							
Residential Address	City		State	Zip				
Full Legal Name (Last, First Middle)								
Class & No. Shares Held, % Memberships, or % Interest	Title							
Residential Address	City		State	Zip				
Full Legal Name (Last, First Middle)								
Class & No. Shares Held, % Memberships, or % Interest	Title							
Residential Address	City		State	Zip				
Full Legal Name (Last, First Middle) ☐ Officer ☐ Partner ☐ Director/	Date of Birth (mm/dd/yyyy)							
Class & No. Shares Held, % Memberships, or % Interest			Title					
Residential Address	City		State	Zip				
<u> </u>	SE ADDITIONAL COPIES OF THIS PA	GE)						
ALL AF	PPLICANTS							
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.								
11. Is any person, involved in this application, in violation of the If "YES," attach an explanation.	above requirements?			YES NO				
12A. Has any person named in questions 8 or 10F or his or her s	pouse been finally convicted or rec	eived		YES □NO				

deferred adjudication for a felony offense?

served for any offenses indicated above?

explanation.

12B. If answer to 12A is "YES," has it been five years since the termination of a sentence, parole or probation

If it has not been five years since the termination of a sentence, parole or probation served, attach an

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☐ YES ☐NO

☐ YES ☐NO ☐N/A

law, or municipal ordinance involving violations of an individual's civil rights or discrimination against an individual on the basis of race, color, creed or national origin?
<b>WARNING:</b> Section 101.69 of the Texas Alcoholic Beverage Code is as follows: "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 no more than 10 years."
ACKNOWLEDGMENT
Individual Individual Owner Partnership Corporation Ltd. Partnership Partner Ltd. Liability Partnership Ltd Liability Co. Officer or Manager  Individual Owner Partnership Corporation Ltd. Liability Co. Officer or Manager  I, the applicant, expressly submit to personal jurisdiction in Texas state and federal cour and expressly submit to venue in Travis County, Texas, as proper venue for any proceedings the may be initiated by or against the commission.  PRINT NAME:  SIGN HERE:
See chart on left to determine who must sign
Before me, the undersigned authority, on this day of,  20 the person whose name is signed to the foregoing application personally appeared an 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:
(SEAL)  NOTARY PUBLIC

## **INFORMATION AND INSTRUCTIONS**

**OUT-OF-STATE WINERY DIRECT SHIPPER'S PERMIT (DS)** – Allows the holder to sell and deliver wine that is produced or bottled by the permittee to an ultimate consumer located in a wet or dry area in the State of Texas. Wine must be delivered by a common carrier that holds a carrier's permit issued by the Texas Alcoholic Beverage Commission. Permittee may not deliver to the same consumer in this state more than nine gallons of wine within any calendar month or more than 36 gallons of wine within any 12-month period; or sell to ultimate consumers more than 35,000 gallons of wine annually. The State fee is \$500 and the permit will expire two years from date of issuance.

## THIS PERMIT MAY ONLY BE ISSUED TO A PERSON WHO:

- Does not hold a winery permit in the State of Texas;
- Operates a winery located in the United States and holds all state and federal permits necessary to operate the winery at the permitted location, including the federal winemaker's and blender's basic permit;
- Holds a Texas Sales Tax Permit;
- Expressly submits to personal jurisdiction in Texas state and federal courts and expressly submits to venue in Travis County, Texas, as proper venue for any proceeding that may be initiated by or against the commission; and
- Does not directly or indirectly have any financial interest in a Texas wholesaler or retailer as those terms are used in Section 102.01 of the Alcoholic Beverage Code.

LICENSE/PERMITS ARE ISSUED FOR A TWO-YEAR PERIOD. You MUST renew for the entire two-year period. The total amount of fees plus surcharges to cover the two-year period MUST be paid at the time of renewal. Fees may NOT be prorated or refunded. Prepare the application in duplicate. Keep duplicate copy for your files. Mail the original application along with the amount due to:

Texas Alcoholic Beverage Commission P.O. Box 13127, Austin, Texas 78711

Fee must be paid with Cashier's Check, Money Order, or Firm Check from a corporate permittee made payable to the Comptroller of Public Accounts. No personal checks accepted. The fees are shown below:

Class of Permit	Annual State Fee	Total Due
Out-Of-State Winery Direct Shipper's Permit	\$500.00	

To obtain a Sales and Use Tax Permit access the Texas Comptroller's web site at www.window.state.tx.us. Should you require additional assistance contact Tax Assistance at (800) 252-5555.

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