

SELLER TRAINING IN-HOUSE BRANCH SCHOOL CERTIFICATE APPLICATION

REQUIREMENTS:

- A branch in-house seller server school certificate is required for each site, other than a principal site, where records required by TABC Administrative Rules Chapter 50 are maintained *or* is a domain that offers a different course of instruction.
- Submit complete applications. Incomplete applications will not be processed and will not be returned.
- Keep an exact copy of this application.
- Complete and correct any deficiencies within ten business days. Note: Application must be complete and correct within 90 days from the date of the Notary Public signature or the application will be invalid.
- Submit Renewal Applications prior to the date the certificate expires.

Internet, computer-based, and classroom courses for In-House schools may not be made available to the general public. Only current employees may receive certification.

APPLICATION FEES:

- Application fees must be attached to each application.
- Application fees will *not* be returned if the School Application is disapproved or *not* renewed for any reason.

Original In-House Branch School:	\$200	Change of Ownership:	\$100
Renewal In-House Branch School:	\$100	Late Fee:	\$100

MAILING INSTRUCTIONS:

Mail completed application with original signatures, processing fee(s) and required documents to:

Texas Alcoholic Beverage Commission

Attn: Seller Training P.O. Box 13127 Austin, TX 78711

CONTACT INFORMATION

SELLER TRAINING 512-206-3420

seller.training@tabc.state.tx.us

FOR MORE INFORMATION GO TO: <u>www.tabc.state.tx.us</u>



SELLER TRAINING IN-HOUSE BRANCH SCHOOL CERTIFICATE APPLICATION

FORM ST-401IHB (02/2011)

FOR TABC USE ONLY – DO NOT USE THIS SPACE							
Branch Original (\$200) Bran	nch Renewal	(\$100)	Change	of Ownership (\$100)			
ST School license number: LE Ind/org number:							
LE School file number: —		BSD Register num	ber:				
Approval Date:		Expiration Date:					
PRINT OR TYPE							
1. Application is filed as: In-House Branch School Original In-House Branch School Renewal for School Number: — In-House Branch School Renewal for School Number: —							
2. Branch School Name:							
3. Name of associated primary In-House school:							
4. School number of associated primary in-house se	chool:		_				
5. Do you verify that the owners, shareholders, officers and directors of the branch seller server school and the primary seller server school are the same?							
6. Branch Site School Address: Enter a physical street address. Do not enter a post office box address.							
City:	County:		State:	ZIP Code:			
Business Phone: Cell:		Fax : Other:		Other:			
Mailing Address:							
City:			State:	ZIP Code:			
Website Address: (if applicable) E-mail:							
Does your website redirect to another entity? If "Yes", provide the following information: Yes No							
Entity Name:							
Entity School Number: -							
7. Are you submitting any optional/additional course cont	7. Are you submitting any optional/additional course content?						

8. The applicant understands and agrees to:								
	a.	comply with all requirements addressed in the TABC Administrative Rules Chapter 50.		Yes	No			
	b.	implement and maintain security measures that meet state and federal standards for the transmission and protection of personal identification information and financial information of individuals accessing the website.		Yes	No			
	C.	electronically notify the Commission at least three business days in advance of each scheduled session and include the date, time and location of the session and whether the session will have continuous instruction or be presented as units. This does not apply if the course is computer based and accessible by TABC during normal state business hours.		Yes N/A	No			
	d.	electronically notify the Commission of a class cancellation prior to the scheduled date of the session. This does not apply if the course is computer based and accessible by TABC during normal state business hours.		Yes N/A	No			
	e.	electronically report trainee data to the Commission within fourteen calendar days of training.		Yes	No			
	f.	maintain a current, valid e-mail address on file with the Commission.		Yes	No			
	g.	maintain the Commission Standard Competence Test in a secure manner and in a secure location at all times.		Yes	No			
	h.	instruct the program as submitted to and approved by the Texas Alcoholic Beverage Commission.		Yes	No			
	i.	have qualified trainers that are currently certified.		Yes	No			
	j.	submit any program changes or modifications to the Commission for prior approval.		Yes	No			
	k.	allow a representative of the Texas Alcoholic Beverage Commission free access to all schools and training sessions.		Yes	No			
	I.	submit to the Commission any program status changes, such as no longer offering classes, deletion or addition of trainers, etc.		Yes	No			
	m.	submit to the Commission any changes in address, name, phone number and/or contact person.		Yes	No			
9.		icant understands that the School Certificate may be suspended or cancelled for violation of the as Alcoholic Beverage Commission Administrative Rules Chapter 50.		Yes	No			
10.		licant understands that branch locations must be associated with a primary school that has a current, I certificate.		Yes	No			
11.	An applicant(s) for a branch in-house seller server school certificate must have a:							
	a. Designated Instructor (certified trainer responsible for the oversight, operation, training and compliance at the branch seller server school).							
	Name:							
	b. P	rogram Administrator (individual responsible for the day-to-day operations and facilities of the branch se	eller se	erver sch	nool).			
		Name:						

By signing be	low, the applicant(s) a	acknowledges that:				
•	this application is a g	overnment document;				
•	each fact, disclosure,	and statement made in t	the application is true and correct at this time;			
•	all parts of the application that apply are complete;					
•	 the information provided is subject to verification by the Commission; 					
•	providing false or misleading information or omitting a material fact may result in the refusal of the application, cancellation of a school's certificate, or criminal prosecution;					
•	he/she has the authority to act on behalf of all owners;					
•	 he/she has personally completed or reviewed the application and has personal knowledge of and is responsible for its content. 					
WARNING:	statement or false re instrument to be filed	presentation in an application with the Commission and	ge Commission Code states: "a person who makes a false ation for a permit or license or in a statement, report, or other d required to be sworn commits an offense punishable by nan 2 nor more than 10 years."			
IMPORTANT:	This application must a corporation or othe	• •	ual owner, each general partner, or an officer if the applicant is			
Signature must	appear as name shown on P	ersonal History Attachment.	Signature must appear as name shown on Personal History Attachment.			
Signature must	appear as name shown on P	ersonal History Attachment.	Signature must appear as name shown on Personal History Attachment.			
Before me, the u	undersigned authority, on	this day personally appeare	۰d:			
		· · · •	oregoing application and, duly sworn by me, each states under oath et forth are true and correct.			
Sworn to before	e me, this the	day of	A.D.			
		1	NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS			



SELLER TRAINING PERSONAL HISTORY ATTACHMENT

FORM ST-401IHB (02/2011)

Complete this page for **each** individual owner, individual shareholder, partner, officer, director, manager, program administrator and applicant for or holder of the associated primary in-house seller server school certificate. A copy of a personal history attachment from the primary school application is acceptable if the original was included as part of the primary school application. Attach additional copies of this page if necessary.

1. Applicant's	Full Legal	Name (Las	t, Firs	rst, Middle):						
Applicant's Address:										
				Street			City	ST ZIP		
Business Phone No. Re			Res (sidential Phone No.) -		Mobil (e Phone No.) -			
Applicant's Social Security Number Iss			lssu	uing State/Driver's Licen	uing State/Driver's License Number Applicant's		t's Email Address:	s Email Address:		
Race Sex Date of Birth			irth ((mm/dd/yyyy) /	Place of Bir	rth (City, Sta	ate, Country)			
2. List residentia with the follow			ast th	nree (3) years starting wit	h current addı	ress. (If ade	ditional space is nee	eded, please attach a list		
Number and St	reet			City, State, ZIP		From (mm/yyyy)	To (mm/yyyy)			
							1	PRESENT		
							1	1		
							1	1		
 Are you a U.S. citizen? YES NO If "NO", what is your legal status in the United States? Explain below, or attach a page with information. Attach copies of all documents such as Visa, Resident Alien, Employment Authorization Documents, etc. 										
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 penitentiary for not less than 2 nor more than 10 years."										
	t. I also u	nderstand a						chments and the information blication being denied and/or		
l also authorize	e the Texa	s Alcoholic	Beve	erage Commission to use	all legal mean	s to verify th	he information provid	ded.		
By signing below, I authorize the Texas Alcoholic Beverage Commission to conduct a criminal history background check. If you have not lived in Texas for the previous 12 months, you are required to provide TABC with a certified copy of your criminal background check from the state police or FBI of any state where you lived in the previous five years.										
		int Name	uthor	rity on this	day of		Authorized Signature	the person whose		
BEFORE ME, the undersigned authority, on thisday of, 20, 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:										
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS										
CH - Date Entere	ed						🗌 Аррг	roved		
/ /					🗌 Disa	pproved				
				Signature						