

# INFORMATION AND INSTRUCTIONS FOR FILE & USE ONLY CATERING CERTIFICATE REQUEST FUNERALS AND PRIVATE EVENTS

L-CCFP-I (2/2020)

### Please Read All Instructions Prior to Completing this Request

If your event meets the requirements outlined below, submit your request to your local office in person or by email. **IMPORTANT**: IF SUBMITTING VIA EMAIL YOU **MUST** INCLUDE "FILE AND USE" AND THE TYPE OF EVENT IN THE SUBJECT LINE OF YOUR EMAIL.

Example: "File and Use - Funeral" or "File and Use - Private Event."

### **Regional Office Email Addresses:**

Region 1: AbileneCatering@tabc.texas.gov

AmarilloCatering@tabc.texas.gov ElPasoCatering@tabc.texas.gov LubbockCatering@tabc.texas.gov OdessaCatering@tabc.texas.gov

Region 2: CateringArlingtonRegion@tabc.texas.gov
Region 3: CateringHoustonRegion@tabc.texas.gov
Region 4: CateringAustinRegion@tabc.texas.gov
Region 5: CateringSanAntonioRegion@tabc.texas.gov

### Records for file and use events must be kept by the permitee and must contain:

- Number of attendees at the event
- Invoice of dollar amount of alcohol purchased for the event
- Type of event (wedding, private office party, birthday party, funeral....)
- Agreement between the permittee and the venue authorizing the event (owner of property permission)
- Agreement between the permitee and customer, including
  - Date of event
  - Date you were hired for the event
  - o Who hired you?
- If you are replacing a previously hired caterer, document the TABC permit number for the previous caterer.
- · Copy of obituary
- Copy of wedding/party invitation
- Copy of other event information

### Regulations for All Catering Certificates

- Permit holder must have control of all phases of the sale and service of alcohol. This includes but is not limited to: brands, pricing, inventory purchase, sales, records, transportation, storage, hours of operation and employees or volunteers.
- All profits from the sale/service of alcoholic beverages must go to the permit holder.
- Remaining inventory of alcoholic beverages after the expiration of the catering certificate must return to the primary permit holder.

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- Your catering certificate must cover the time of your receipt of the alcohol as well as its storage.
   Alcohol for the event may not be stored anywhere but at the catered location premise.
- It is the applicant's responsibility to verify and adhere to all state and local laws, ordinances and local forms/applications. Contact your local Comptroller of Public Accounts Office for information concerning your submission of state sales and gross receipt taxes responsibility.

### Completing Form L-CCFP

### **CURRENT MIXED BEVERAGE PERMIT INFORMATION**

**Question 1:** Current/Active Mixed Beverage Permit No. (MB/RM).

• Enter your current/active permit number.

Question 2: Trade Name of Current/Active Mixed Beverage Permit (MB/RM):

• Enter the trade name shown on your current active permit.

#### LOCATION INFORMATION

**Question 3:** Catered Event Address and Description of Address:

- Enter the complete event address including suite, booth or room name/number.
- Enter a detailed description of the event location.
  - o If the event is at a park, describe the exact location in the park
  - o If the event is at an event center, provide room name or number.
- Examples:

3. Catered Event Address and Description of Venue:				
1800 Congress Ave - Bob Bullock Museum, Austin Room (3rd Floor)				
City	County	State	Zip	
Austin	Travis	TX	78701	

3. Catered Event Address and Description of Venue:					
2012 Woodall Rodgers Fwy - Klyde Warren Park, grass field west of food truck plaza.					
City	County	State	Zip		
Dallas	Dallas	TX	75201		

3. Catered Event Address and Description of Venue: 1234 Any Road - Smith Residence			
City	County	State	Zip
Lubbock	Lubbock	TX	79382

### Question 4: Event Date(s) & Time(s) Requested:

**Note**: Dates and times should include delivery and/or storage of alcohol.

- Enter the date(s) and time(s) of the catered event. These dates and times must include the receipt of the alcohol as well as its storage.
- Example:
  - Delivery of alcohol is Friday 12/27/2019 at 2pm. Event is Saturday 12/28/2019 from 4pm-1am.
    - The event dates and times on the form should be:

From Date: <u>12/27/2019</u> Time: <u>2:00 PM</u> To Date: <u>12/29/19</u> Time: <u>1:00 AM</u>

### **Question 5:** Type of File and Use Request:

- To ensure your event meets the requirements for this certificate, indicate the type of event and attach required documentation.
- For an event other than a funeral or wedding, mark the "Other" box, and fill in the type of event. Attach an invitation to the event or explanation if necessary.

### Answering "Yes" to any of questions 6 – 11 may disqualify you from obtaining a File and Use Certificate for the event. Contact your local TABC office for assistance.

Question 6: Has this event been advertised by social media, email or other mass communications?

• If mass communication advertisement has been used in conjunction with this event, it may not qualify for the File and Use Certificate. Contact your local TABC office for assistance.

Question 7: Is anyone charging an entry fee for this event or otherwise requiring tickets for this event?

• If there is an entry fee and/or a ticket is required for entry, the event may not qualify for the File and Use Certificate. Contact your local TABC office for assistance.

Question 8: Is the estimated attendance greater than 500 persons?

• Enter the number of estimated attendees. Attendance must not be more than 500 persons.

**Question 9:** Is the estimated wholesale value of the alcoholic beverage provided at this event greater than \$10,000.00?

 The estimated total wholesale value of the alcohol to be provided or sold at the event must be less than \$10,000

Question 10: Is the location currently permitted or is pending an original application?

• The location of the event MAY NOT be at a TABC licensed/permitted location.

**Question 11:** Does this event involve sponsorship from an upper tier License/Permit holder? (Manufacturer, Brewer, Distillery, Winery, Wholesaler and/or Distributor)

• The event **MAY NOT** be sponsored by a member of the manufacturing or wholesale tiers.

**Question 12:** Will the catering certificate embrace the entire building, grounds or suite at the address indicated above?

• If the event does not embrace the entire address provided in question #3, provide a diagram of the address and event space.

Question 13: Retain a letter of permission to sell alcohol from the owner of premise in your records.

 The applicant MUST obtain permission to sell alcohol at the event from the owner of the premises where the event will be held.

### Name

Print the name of the requestor.

### **Signature**

• The requester must sign the request.

### Title

Print the title of the requester.

### **Phone Number**

• Enter a valid contact phone number for the requestor.

### **Email Address**

Enter a valid email address of the requestor.

### **Date**

Enter the date the request was completed.

## POST THE COMPLETED REQUEST AT YOUR EVENT YOU WILL NOT RECEIVE A CERTIFICATE FROM TABC



## FILE & USE ONLY CATERING CERTIFICATE REQUEST FUNERALS AND PRIVATE EVENTS

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Refer to Rule 33.12. This File and Use Catering Certificate request may NOT be issued to a location that is currently licensed/permitted or in conjunction with another catered event. It may only be issued for non-ticketed events, non-advertised events that meet specific requirements. It may not be utilized for more than one day. Ensure you have obtained ALL necessary permissions, permits and/or approvals from your city and/or county. A Catering Certificate Request MUST be submitted prior to the catered event. Requests may be submitted in person or via email and MUST include in the subject line of the email the type of event- "File and Use - Funeral".

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CURRENT MIXED BEVERAGE PERMIT INFORMATION				
1. Current/Active Mixed Beverage Permit No. (MB/RM): 2	. Trade Name of Current/Active Mixed Beverage	e Permit (MB/RM):		
	OCATION INFORMATION issued to an area wet for Mixed Beverages. See	c.31.01)		
(A Catering Certificate may only be issued to an area wet for Mixed Beverages. Sec.31.01)  3. Catered Event Address and Description of Venue: (Ex: ABC Public Park, north end of park or XYZ Event Center, room 27)				
City	County	State Zip Code		
4. Catered Event Dates and Times (Dates and times must in	clude delivery and/or storage of alcohol)			
From Date:Time:AM	To Date: Time:	_AM		
5. Type of File and Use Request:    Funeral (attach obituary),   Wedding Reception (retain copy of invitation in your records),   Other (describe event below)				
<ol><li>Has this event been advertised by social media, email or of If "YES", STOP, this event may not qualify. Contact</li></ol>		YES NO		
7. Is anyone charging an entry fee for this event or otherwise requiring tickets for this event?  **YES ** NO **  **If "YES", STOP, this event may not qualify. Contact your local TABC office for assistance.**				
8. Is the estimated attendance greater than 500 persons?  If "NO", how many estimated attendees?  If "YES", STOP, this event does not qualify. Comple	 ete Form L-CC or contact your local TABC office	YES NO for assistance.		
9. Is the estimated wholesale value of the alcoholic beverage provided at this event greater than \$10,000.00? YES NO If "YES", STOP, this event does not qualify. Complete Form L-CC or contact your local TABC office for assistance.				
10. Is the location currently permitted or have a pending original application?  If "YES", STOP, this event does not qualify. Complete Form L-CC or contact your local TABC office for assistance.				
11. Does this event involve sponsorship from an upper tier License/Permit holder? (Manufacturer, Brewer, YES NO Distillery, Winery, Wholesaler and/or Distributor)  If "YES", STOP, this event does not qualify. Complete Form L-CC or contact your local TABC office for assistance.				
12. Will the catering certificate embrace the entire building, grounds or suite at the event indicated above?  YES NO  If "NO," attach a diagram of the event premise.				
13. Retain a letter of permission to sell alcohol from the owner of premise in your records.				
CONTACT INFORMATION  Person signing below affirms that the above information is true and correct  (Officer, Owner or Authorized Representative)				
Print Name	Signature			
Title	Phone No.:			
Email Address:	Date:			