

Location Packet for Retailers Instructions

The Location Packet (L-L) MUST be completed by all retailers filing an application for an original, reinstatement or change of location. This packet must be submitted with the **Prequalification Packet (Form L-ON or Form L-OFF)** as per Rule §33.13 of the Texas Alcoholic Beverage Commission Administrative Rules.

Other required forms may include:

- Owner of Property (Form L-OP) – IF applicant does not own the land and building.
- Sub-lessor (Form L-SL) – IF applicant has a sublease, concession or management agreement.
- Local Cartage Permit (E) (Form L-VEH) – IF applicant is a Package Store (P), Wine-Only Package Store (Q) or a Warehouse/Transfer Company (ET).
- Private Carriers Permit (O) (Form L-VEH) – IF applicant is a Wine and Beer Retailer's (BG), **AND** holds a Brewpub License (BP).
- Business Packet (Form L-B) – IF applicant does not currently hold a license/permit.

ALL completed forms including the Prequalification Packet (Form L- ON or Form L- OFF) must be submitted to your local TABC Office. For assistance in locating your local office and to download forms, visit our website at www.tabc.texas.gov.



This Location packet (L-L) should be completed by all retailers submitting an original, reinstatement, and/or change of location application. This packet (L-L) along with the Prequalification Packet (L-ON) or (L-OFF) must be submitted to your local TABC office.

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

1. Application for: [] Original [] Reinstatement [] Reinstatement and Change of Trade Name License/Permit Number [] Change of Location [] Change of Location and Trade Name License/Permit Number
2. Trade Name of Location (Name of restaurant, bar, store, etc.)
3. Location Address
4. Owner of Business/Applicant (Name of Corporation, LLC, etc.)
5. Federal Employer Identification Number (FEIN)

INITIAL INFORMATION

6. Do you currently hold an active license/permit issued by the TABC under the above FEIN? [] Yes [] No
If "YES," provide your most recently issued license/permit number.
If "NO," you must complete the Business Packet (L-B).
7. If you hold a current and active license/permit under the above FEIN, has there been a change in ownership or business structure since the submission of your last application? [] Yes [] No
If "YES," you must complete the Business Packet for Reporting Changes (L-BRC) in its entirety.

OWNERSHIP/LEASE/SUBLEASE/MANAGEMENT INFORMATION

8. Does the applicant own the land and building at this proposed licensed location? [] Yes [] No
If "NO," please complete Owner of Property (L-OP).
NOTE: Be prepared to provide additional information (such as a copy of your lease) if requested.
9. If operating under a lease at this location, complete the following:
Expiration date(s)/Options
Monthly rental amount
Other fees and payments to landlord
10. Are you operating under any concession, service or management agreement(s) that contain terms for services or management beyond property rental? [] Yes [] No
If "YES," complete Sublessor (L-SL), complete the following, and attach copy of agreement(s):
Expiration date(s)/Options
Monthly fee
If you have a sublessor that differs from the management company enter sublessor name below and complete Form L-SL.
Sublessor Name
11. Do you or anyone else at the location operate under a franchise agreement? [] Yes [] No
If "YES," as required under Section 109.53 do you maintain exclusive control of ALL phases of the purchase, sale, service and brands of alcoholic beverages? [] Yes [] No

12. Do you share the premises with another business entity? Yes No
 If "YES," indicate the tradename(s) of business(es) and sales and use tax number(s) for other business(es):
 Trade Name _____
 Sales & Use Tax Number _____

13. Are there any agreements, excluding questions 9, 10 & 11, which involve alcohol in any way? Yes No
 If "YES," attach a copy of agreement.

SALES INFORMATION

14. Provide projected (future) sales data for first 12 months of operation.
 Sales Year (YYYY) 20_____

Alcoholic Beverage Sales \$ _____

Food Sales \$ _____

Other Sales \$ _____

Total Sales \$ _____

LOCATION INFORMATION

15. Is the proposed location in a hotel or motel? Yes No

16. Will the license/permit embrace the entire location address as shown in question #3? Yes No
 If "NO," attach a diagram of your premise as required by Section 11.49.
The location will be inspected prior to approval of your application.

17. Are money services offered at the location? Yes No
 The term "money services business" includes any person doing business, whether or not on a regular basis or as an organized business concern, in one or more of the following capacities: (1) Currency dealer or exchanger (2) Check cashier (3) Issuer of traveler's checks, money orders or stored value

FINANCE INFORMATION

18. Enter the total amount of investment from all sources for this location. \$ _____
 Please be prepared to provide copies of all documents related to the financing of this location.

19. List any and all sources of funds advanced to you for your business. If a partnership or corporation, list entity along with partners/officers.

Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount	Terms
Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount	Terms
Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount	Terms
Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount	Terms

(If more space is needed, attach additional page.)

MEASUREMENT INFORMATION

20. Measuring from the public entrance of your establishment to the nearest property line of a private/public school, will this location be within 1,000 feet of a private/public school? Yes No
 If **“YES,”** written notice of this application must be given to the school officials and a copy of the notice must be provided with this application as required by Section 109.33(c).

21. Is any property line of your premises within 300 feet of a residential address or established neighborhood association? Yes 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, 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 [Notice of Application](#) to view and print notice.

**ON-PREMISE LICENSES AND PERMITS ONLY
 MEASUREMENT INFORMATION FOR APPLICANTS IN MUNICIPALITIES WITH A POPULATION OF 1.5 MILLION OR MORE ACCORDING TO THE LAST FEDERAL CENSUS**

22. Will your business be located within 300 feet of any residence, church, school, day care or social service facility when measuring in a straight line from the nearest point of the property line of the proposed location to the nearest point of the property line of any of these facilities? Yes No
 If **“YES,”** will 75% or more of the applicant’s actual or anticipated gross revenue from the sale of alcoholic beverages? Yes No
 If **“YES,”** to both of the questions; you must notify all tenants or property owners of your intent to apply for an alcoholic beverage license/permit within five days of the filing of an original application. Has such notice been given as required by Section 11.52? Yes No

BREW PUB (BP) Only

23. Do you, the applicant, intend to sell your alcoholic product directly to other retailers? Yes No
24. Do you, the applicant, intend to sell your alcoholic product to wholesalers/distributors? Yes No
25. Will you, the applicant, be engaged in the business of brewing and packaging malt liquor, ale or beer in quantities sufficient to operate a brewpub not later than 6 months after the date of issuance of the original license? Yes No

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 PERMITEE SHALL HAVE EXCLUSIVE OCCUPANCY AND CONTROL OF THE ENTIRE LICENSED LOCATION WITH RESPECT TO THE 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 PERMITEE IS UNLAWFUL.

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code states: "...a person who knowingly 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 PROVIDED ARE CORRECT.

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



Trade Name or Permit Number _____

OWNER OF PROPERTY INFORMATION

1. Indicate if owner of property is:

- Owner of Land and Building Owner of Land Owner of Building Owner of Boat

Note: If land and building are owned by different entities, complete Form L-OP for each entity.

INDIVIDUAL OWNER

2. Full Legal Name (Last, First, Middle): _____ Date of Birth (mm/dd/yyyy) _____

SSN: _____

BUSINESS ENTITY OWNER

3. Name of Business Entity _____

Federal Employer Identification Number (FEIN) for Owner of Property _____

Full Legal Name of Partner, Officer (Last, First, Middle) _____ Date of Birth (mm/dd/yyyy) _____

Title _____

Full Legal Name of Partner, Officer (Last, First, Middle) _____ Date of Birth (mm/dd/yyyy) _____

Title _____

Full Legal Name of Partner, Officer (Last, First, Middle) _____ Date of Birth (mm/dd/yyyy) _____

Title _____

Full Legal Name of Partner, Officer (Last, First, Middle) _____ Date of Birth (mm/dd/yyyy) _____

Title _____

Full Legal Name of Partner, Officer (Last, First, Middle) _____ Date of Birth (mm/dd/yyyy) _____

Title _____

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



**TEXAS ALCOHOLIC
BEVERAGE COMMISSION**
Texans Helping Businesses & Protecting Communities

SUBLESSOR

L-SL
(1/2021)

1. Trade Name of Location

2. Indicate if you are:

Sublessor Concessionaire Management Company of Permittee

3. Business Entity Name for Sublessor, Concessionaire or Management Company

4. Federal Employer Identification Number (FEIN) for Sublessor, Concessionaire or Management Company

COMPLETE THE FOLLOWING:

Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	Date of Birth (mm/dd/yyyy)
-----------------------------------------------------------------------	----------------------------

Title/Owner

Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	Date of Birth (mm/dd/yyyy)
-----------------------------------------------------------------------	----------------------------

Title/Owner

Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	Date of Birth (mm/dd/yyyy)
-----------------------------------------------------------------------	----------------------------

Title/Owner

Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	Date of Birth (mm/dd/yyyy)
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Title/Owner

Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	Date of Birth (mm/dd/yyyy)
-----------------------------------------------------------------------	----------------------------

Title/Owner

IF NECESSARY USE ADDITIONAL COPIES OF THIS PAGE



1. Current TABC License/Permit Number:

2. **(BJ) Importer's Carrier's License** – *Importer's License (BI)*
 (E) Local Cartage Permit – *Package Store (P), Wine Only Package Store (Q), Wine/Beer retailers (BG)*
 (ET) Local Cartage Permit – *Warehouse & Transfer Company*
 (O) Private Carrier's Permit – *Manufacturers (B,D), Wholesalers (W, X), Winery (G), Brew Pub License (BG with BP)*

3. Check here if not utilizing vehicles owned or leased by applicant.

It is the responsibility of all licensees and permittees to maintain proper liability insurance for each vehicle listed below. All vehicles listed below should operate in accordance of all federal and state regulations.

4. Do you maintain proper liability insurance and operate in accordance with all federal and state motor vehicle laws? Yes No

5. If “Warehouse or Transfer Company,” explain your business as it pertains to the transportation of alcohol.

**LIST THE VEHICLES OWNED OR LEASED IN GOOD FAITH BY APPLICANT
TO BE USED IN CONNECTION WITH THE LICENSE/PERMIT**

MAKE	MODEL	YEAR	LICENSE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
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**LIST THE VEHICLES OWNED OR LEASED IN GOOD FAITH BY APPLICANT
TO BE USED IN CONNECTION WITH THE PERMIT CONTINUED**

MAKE

MODEL

YEAR

LICENSE NUMBER

_____	_____	_____	_____
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