



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

LOCATION PACKET FOR WHOLESALERS, DISTRIBUTORS AND MANUFACTURERS

L-LW (5/2021)

The Location Packet (L-LW) should be completed by all Wholesalers, Distributors and Manufacturers submitting an original, reinstatement, and/or change of location application. This packet (L-LW) along with the Prequalification Packet (L-W) 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 distribution company, distillery, 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 have a current and active license/permit issued by TABC under the above FEIN? [] Yes [] No If "YES," please indicate the license/permit number of the last license/permit issued _____ If "NO," complete the Business Packet (L-B).

7. If you hold a current license/permit under the above FEIN has there been any change in the ownership or structure of the business since the last application was filed? [] Yes [] No If "YES," complete the Business Packet for Reporting Changes (L-BRC).

OWNERSHIP/LEASE/SUBLEASE/MANAGEMENT INFORMATION

8. Do you, the applicant, own the land and building at this proposed licensed location? [] Yes [] No If "NO," please complete Owner of Property (L-OP).

9. If operating under a lease at this location, indicate: Expiration date(s)/Options _____ Monthly rental amount \$ _____ Other fees and payments to landlord _____

10. Are you operating under a sublease at this location? [] Yes [] No If "YES," complete Sublessor (L-SL) and indicate the following: Expiration date(s)/Options _____ Monthly fee \$ _____

11. Will the license or 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.

12. Do you, the applicant, 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 _____

FINANCE INFORMATION

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

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

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

Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
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SSN or FEIN	Amount \$	Terms
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Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
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SSN or FEIN	Amount \$	Terms
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Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
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SSN or FEIN	Amount \$	Terms
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Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
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SSN or FEIN	Amount \$	Terms
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Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
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SSN or FEIN	Amount \$	Terms
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Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
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SSN or FEIN	Amount \$	Terms
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Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
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SSN or FEIN	Amount \$	Terms
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BONDED WAREHOUSE PERMIT (J / JD) (Wet / Dry)

15. In general terms, specify what other goods and commodities are stored in this warehouse.

16. Are you providing services to permit holders other than storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is at least 50% of gross revenue during each three (3) month quarter derived from goods and merchandise other than alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is the location in a wet or dry area?	<input type="checkbox"/> Wet <input type="checkbox"/> Dry
BREWERS (B) (Malt greater than 4% of alcohol by weight)	
19. Do you, the applicant, intend to engage in the business of brewing and packaging ale in Texas within the three-year period covered by the original license and one successive renewal in quantities to qualify as a bona fide brewing manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Do you, the applicant, intend to contract with another brewery to produce your product? If "Yes," provide the TABC license/permit number of that brewery. _____ Is your product brewed at their location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do you, the applicant, intend to utilize an alternating proprietorship agreement to produce your product? If "Yes," provide TABC license/permit number of that brewery. _____ Is your product brewed at their location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
MANUFACTURERS (BA) (Malt 4% or less of alcohol by weight)	
22. Do you, the applicant, intend to engage in the business of manufacturing and packaging beer in Texas within the three-year period covered by the original license and one successive renewal in quantities to qualify as a bona fide brewing manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do you, the applicant, intend to contract with another manufacturer to produce your beer product? If "Yes," provide the TABC license/permit number of that manufacturer. _____ Is your product manufactured at their location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
24. Do you, the applicant, intend to utilize an alternating proprietorship agreement to produce your beer product? If "Yes," provide TABC license/permit number of that manufacturer. _____ Is your product manufactured at their location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
MANUFACTURERS (BA) and BREWERS (B)	
25. If you intend to operate under an alternating or contract brewing agreement; do you, the applicant, own a fee interest in a brewing facility? If "No," please submit a Fee Interest Bond which must be on file and approved prior to the issuance of your license/permit. Fee Interest Bond form and instructions: http://www.tabc.state.tx.us/forms	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Do you, the applicant, hold a Brewer's Notice issued by the Alcohol and Tobacco Tax and Trade Bureau of the United States Department of the Treasury? If "Yes," please provide TTB Brewers Notice Number _____ and <i>attach copy</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
MANUFACTURERS (BA), BREWERS (B), DISTILLERS (D) and WINERIES (G)	
27. Is any property line of your premises within 300 feet of a residential address or established neighborhood association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do you, the applicant, intend to sell for on-premise consumption? If "YES," you must notify each residential address and established neighborhood association(s). A copy of the completed notice must be submitted 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

WHOLESALEERS (W)

29. Do you, the applicant, intend to sell ale or malt liquor? Yes No
NOTE: You must submit a territorial agreement from the actual manufacturer of the product.

DISTRIBUTORS (BB & BC)

30. Do you, the applicant, have an adequate building, storage facilities, sufficient employees, delivery vehicles and rolling stock to provide service and sales for each brand of beer in an amount equal to the demand for the product from all retailers in applicant's assigned territory? Yes No
NOTE: If you are applying for a General Distributor's License, Local Distributor's License or Branch Distributor's License, you must submit a territorial agreement from the **actual manufacturer** of each beer product you are handling.

WINERIES (G)

31. Do you, the applicant, hold or have you applied for a Federal Winemaker's and Blender's Basic Permit issued by the Alcohol and Tobacco Tax and Trade Bureau (TTB)? Yes No
If "YES," attach a copy of the Federal Winemaker's and Blender's Basic Permit issued by the TTB. Be advised a copy of this permit must be presented before issuance.

32. Do you, the applicant, intend to engage in any activity authorized by the winery permit on the permitted premise of another winery? Yes No
If "YES," provide the TABC permit number of that winery _____ and attach copy of any agreement(s).

WARNING AND SIGNATURE

If Applicant Is:	Who Must Sign
Individual	Individual Owner
Partnership	Partner
Limited Partnership	General Partner
Corporation	Officer
Limited Liability Company	Officer or Manager

EACH LICENSEE OR PERMITTEE SHALL HAVE EXCLUSIVE OCCUPANCY AND CONTROL OF THE ENTIRE LICENSED LOCATION WITH RESPECT TO 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 PERMITTEE IS UNLAWFUL.

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.

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



1. Trade Name of Location
2. Indicate if you are: <input type="checkbox"/> Sublessor <input type="checkbox"/> Concessionaire <input type="checkbox"/> 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)
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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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



PERMIT INFORMATION

The holder of a manufacturer's (BA) or distributor's license (BB) shall register with the commission each warehouse used by the manufacturer or distributor to store beer.

Active License/Permit Number: BA _____
BB _____

Storage Location Address:

City: County: State: Zip:

E-Mail Address:

ACKNOWLEDGEMENT

PRINT NAME OF PERMIT HOLDER

SIGNATURE

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

SEAL

This form may be e-mailed to warehouseregistration@tabc.texas.gov