



## **Veteran Mentor Application**

**Last Revised November 2020**



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## SUBMISSION INSTRUCTIONS

1. Open this form in Adobe Acrobat Reader. ([Go here to install.](#))
2. Fill out this form. After you're matched with a protégé, you and your protégé will fill out the cooperative agreement, which you can download at: [tabc.texas.gov/about-us/veterans/](http://tabc.texas.gov/about-us/veterans/).
3. Email this form to [veterans@tabc.texas.gov](mailto:veterans@tabc.texas.gov) or click the Submit button at the end of this form.

## PROGRAM DESCRIPTION

The Texas Alcoholic Beverage Commission (TABC) Empowering Texas Veterans program is designed to motivate and encourage current business owners to provide beneficial developmental assistance to veteran entrepreneurs. Protégés can get valuable business development help from their mentors in several areas, including guidance on internal business management systems, accounting, marketing, manufacturing and strategic planning. The goals and objectives for this mentoring relationship are to:

- Develop a dynamic, collaborative relationship fostering professional growth.
- Work towards the development of an alcoholic beverage business plan.
- Introduce the protégé to best practices in the alcoholic beverage industry.

The program will identify the process mentors and protégés use to work together, and, in that same spirit of partnership, collaborate on the development of a work plan.

## MENTOR QUALIFICATIONS

### REQUIRED QUALIFICATIONS

- Has successful work history in the alcoholic beverage industry and is capable of carrying out responsibilities of assisting protégé.
- Has extensive work experience and can provide developmental guidance in areas that meet the needs of the protégé.
- Is in good standing with TABC and has the job content knowledge necessary to effectively teach a new employee significant job knowledge.

### PREFERRED QUALIFICATIONS

- Is registered with TABC, possesses good character and can impart value through lessons learned and practical experience gained or through their knowledge of general business operations.
- Has previous mentoring experience and is willing to devote time and energy to protégé and be approachable and accessible.

Sponsoring State Agency Name: Texas Alcoholic Beverage Commission

## APPLICATION

Use this application to request approval from TABC to participate as a **mentor** in the Empowering Texas Veterans program. **A completed application must be signed by the company's majority owner(s) or an authorized representative.**

Please respond to each item on the application. If an item is not applicable, enter "N/A" as your response. Incomplete applications may be returned to sender, which will delay your request for approval to participate in the program.

1. **Business Name:** Provide your business and, if applicable, DBA (Doing Business As) name.

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2. **Business Address Information:** Provide your business mailing address and physical address, if different than mailing address.

**Mailing Address:** \_\_\_\_\_

- City: \_\_\_\_\_
- State: \_\_\_\_\_
- ZIP Code: \_\_\_\_\_
- County: \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

- City: \_\_\_\_\_
- State: \_\_\_\_\_
- ZIP Code: \_\_\_\_\_
- County: \_\_\_\_\_

3. **Business Phone Number:** \_\_\_\_\_

- Contact Person(s): \_\_\_\_\_  
A.M. \_\_\_\_\_ P.M. \_\_\_\_\_
- Business Hours: ☐ A.M. \_\_\_\_\_ ☐ P.M. \_\_\_\_\_

4. **Business Website URL:** \_\_\_\_\_

5. **Email Address:** \_\_\_\_\_

6. **Business Structure:** Check **ONE** box that identifies your business structure.

- ☐ (S) - Sole Proprietorship
- ☐ (P) - Partnership
- ☐ (C) - Corporation
- ☐ (J) - Joint Venture
- ☐ (L) - Limited Liability Company
- ☐ (L) - Limited Liability Partnership

**7. Business Category Description, Principal Line of Business Description.**

Check box that best identifies your current alcoholic beverage business.

**MANUFACTURER PERMITS**

- ☐ DISTILLER'S AND RECTIFIER'S PERMIT (D)
- ☐ WINERY PERMIT (G)
- ☐ MANUFACTURER'S LICENSE (BA)
- ☐ BREWER'S PERMIT (B)
- ☐ BREWPUB LICENSE (BP) Must hold a Retail Dealer's On-Premise License (BE), a Wine & Beer Retailer's Permit (BG) or a Mixed Beverage Permit (MB.)

**DISTRIBUTOR/ WHOLESALE PERMITS**

- ☐ WHOLESALER'S PERMIT (W)
- ☐ GENERAL CLASS B WHOLESALER PERMIT (X)
- ☐ GENERAL DISTRIBUTOR'S LICENSE (BB)
- ☐ BRANCH DISTRIBUTOR'S LICENSE (BC)
- ☐ GENERAL DISTRIBUTOR'S LICENSE (BB)
- ☐ BRANCH DISTRIBUTOR'S LICENSE (BC)
- ☐ RETAIL DEALER'S ON-PREMISE LICENSE (BE)
- ☐ WINE AND BEER RETAILER'S PERMIT (BG)
- ☐ MIXED BEVERAGE PERMIT (MB)
- ☐ MIXED BEVERAGE RESTAURANT PERMIT WITH FB (RM)
- ☐ BREWPUB LICENSE (BP) Must hold a Retail Dealer's On-Premise License (BE), a Wine & Beer Retailer's Permit (BG) or a Mixed Beverage Permit (MB.)

**PRIVATE CLUB PERMITS**

- ☐ PRIVATE CLUB REGISTRATION PERMIT (N)
- ☐ PRIVATE CLUB EXEMPTION CERTIFICATE PERMIT (NE)
- ☐ PRIVATE CLUB BEER AND WINE PERMIT (NB)
- ☐ PRIVATE CLUB BEER AND WINE PERMIT (NB)

**RETAIL**

- ☐ RETAIL DEALER'S OFF-PREMISE LICENSE (BF)
- ☐ WINE AND BEER RETAILER'S OFF PREMISE PERMIT (BQ)
- ☐ WINE ONLY PACKAGE STORE (Q).
- ☐ PACKAGE STORE PERMIT (P)
- ☐ LOCAL DISTRIBUTOR'S PERMIT (LP) Must hold a Package Store Permit (P).

**NON-RESIDENT PERMITS**

- ☐ NONRESIDENT SELLER'S PERMIT (S)
- ☐ OUT-OF-STATE WINERY DIRECT SHIPPER'S PERMIT (DS)
- ☐ NONRESIDENT MANUFACTURER'S LICENSE (BS)
- ☐ NONRESIDENT BREWER'S PERMIT (U) Must also hold a Nonresident Seller's Permit (S).

**9. Areas of Expertise:** Check all boxes that indicate areas of expertise your business possesses as a **mentor** and is willing to make available to approved protégés:

- |  |  |
|--|--|
| <input type="checkbox"/> <i>Business Planning</i>            | <input type="checkbox"/> <i>Bonding and Insurance</i>    |
| <input type="checkbox"/> <i>Business Legal Issues</i>        | <input type="checkbox"/> <i>Cost Estimating</i>          |
| <input type="checkbox"/> <i>Bookkeeping/Accounting</i>       | <input type="checkbox"/> <i>Competitive Market Place</i> |
| <input type="checkbox"/> <i>Business Permits</i>             | <input type="checkbox"/> <i>Business Market Analysis</i> |
| <input type="checkbox"/> <i>Business Presentation Skills</i> | <input type="checkbox"/> <i>Business Marketing Plans</i> |
| <input type="checkbox"/> <i>Business Management</i>          | <input type="checkbox"/> <i>Project Planning/Mtg.</i>    |
| <input type="checkbox"/> <i>Business Technology</i>          | <input type="checkbox"/> <i>Quality Assurance</i>        |
| <input type="checkbox"/> <i>Business Processes</i>           | <input type="checkbox"/> <i>Operations Budgeting</i>     |
| <input type="checkbox"/> <i>Business Financial Planning</i>  | <input type="checkbox"/> <i>Organizational/Structure</i> |
| <input type="checkbox"/> <i>Inventory Control</i>            |  |
| <input type="checkbox"/> <i>Business Writing Skills</i>      |  |

*Other (please describe):*

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**10. What assistance do you want to provide?**

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**By signing this document, you are attesting that:**

*As evidence of my signature below and being an owner or authorized representative of the business identified within this document, I understand that participation in the TABC Mentor Protégé Program is voluntary. I also understand that the Program's intent is to foster positive long-term business relationships. I, the undersigned, on behalf of the business participating in the Empowering Texas Veterans Program, agree that the business and all its employees, officials, and agents shall conduct themselves at all times in accordance with the highest business ethics and appropriate business conduct. I also understand that all information provided on this application, except the Social Security number, if applicable, is open to public disclosure.*

**Printed Name of Mentor:** \_\_\_\_\_

**Signature of Mentor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For TABC staff use.**  
**You do not need to complete the remainder of this document.**

## **MENTOR ELIGIBILITY CHECKLIST**

**Mentor Applicant Name:** \_\_\_\_\_

### **REQUIRED QUALIFICATIONS:**

- ☐ Has successful work history in the alcoholic beverage industry and is capable of carrying out responsibilities of assisting protégé.
- ☐ Has extensive work experience and can provide developmental guidance in areas that meet the needs of the protégé.
- ☐ Is in good standing with TABC and has the job content knowledge necessary to effectively teach a new employee significant job knowledge.

### **PREFERRED QUALIFICATIONS:**

- ☐ Is a registered with TABC, possesses good character and can impart value through lessons learned and practical experience gained or through their knowledge of general business operations.
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### **NOTES/COMMENTS:**

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Mentor is apprised of the Texas Alcoholic Beverage Commission's acceptance of its application.

**TABC Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Commission's Acceptance of Application:** \_\_\_\_\_