



Join TABC in the fight against Human Trafficking

L-IA (11/2021)

TABC has enhanced our license and permit application process. We encourage you to take advantage of our user-friendly online application process through the Alcohol Industry Management System (AIMS). If you are unable to submit your application via AIMS, you may complete the paper application below.

If you submit a paper application, it will take considerably longer to obtain your license or permit.

Complete this form to apply for an original license or permit, or to make certain changes to an existing license or permit. Ultimate responsibility for the privilege of holding such license or permit rests on the applicant or license/permit holder. Visit our website (www.tabc.texas.gov) for statutory requirements, authorities or to find your local office.

Initial Information

1. Application for:

<input type="checkbox"/> Original	<input type="checkbox"/> Reinstatement	License/Permit Number _____	<input type="checkbox"/> Reinstatement and Change of Trade Name	License/Permit Number _____
	<input type="checkbox"/> Change of Location	License/Permit Number _____	<input type="checkbox"/> Change of Location and Trade Name	License/Permit Number _____

2A. Type of Off-Premise License/Permit

<input type="checkbox"/> BF Retail Dealer's Off-Premise License	<input type="checkbox"/> ET Third-Party Local Cartage Permit	<input type="checkbox"/> P Package Store Permit
<input type="checkbox"/> BQ Wine and Malt Beverage Retail Dealer's Off-Premise Permit	<input type="checkbox"/> LP Local Distributor's Permit	<input type="checkbox"/> Q Wine Only Package Store

2B. Type of On-Premise License/Permit

<input type="checkbox"/> BE Retail Dealer's On-Premise License	<input type="checkbox"/> E Local Cartage Permit (BG only)	<input type="checkbox"/> MB Mixed Beverage
<input type="checkbox"/> BG Wine and Malt Beverage Retail Dealer's On-Premise Permit	<input type="checkbox"/> FB Food and Beverage Certificate	<input type="checkbox"/> WP Waterpark Permit
<input type="checkbox"/> BP Brewpub License	<input type="checkbox"/> LH Late Hours Certificate	

2C. Type of Wholesaler's, Distributor's, or Manufacturer's License/Permit

<input type="checkbox"/> BB General Distributor's License	<input type="checkbox"/> D Distillers and Rectifiers Permit - allows on-premise consumption	<input type="checkbox"/> S Nonresident Seller's Permit
<input type="checkbox"/> BC Branch Distributor's License	<input type="checkbox"/> DS Out-of-State Winery Direct Shipper's Permit	<input type="checkbox"/> SD Brewer's Self-Distribution License
<input type="checkbox"/> BN Nonresident Brewer's License	<input type="checkbox"/> G Winery - allows on-premise consumption	<input type="checkbox"/> W Wholesaler's Permit
<input type="checkbox"/> BW Brewer's License	<input type="checkbox"/> J Bonded Warehouse	<input type="checkbox"/> X General Class B Wholesaler Permit
	<input type="checkbox"/> JD Bonded Warehouse (Dry Area)	

3. Trade Name of Location (Name of restaurant, bar, store, distribution company, etc.)

4. Location Address Street Number Street Name

City	County	State	Zip
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5. Mailing Address Street Number Street Name

City	State	Zip
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6. Business Phone Alternate Phone E-mail Address

Business Information

7. Owner of Business/Applicant (Name of Corporation, Sole Proprietor, LLC, etc.) **8. SSN or Federal Employer Identification Number (FEIN)**

- If you hold an active TABC license/permit under the SSN or FEIN listed in question #8 and there have been no changes to the ownership structure of the business since you filed your last application, skip to question #11.
- If you hold an active TABC license/permit under the SSN or FEIN listed question #8, and there has been a change in the ownership or business structure since you filed your last application you must complete the entire Business Section below and Personal History Sheets (PHS) for any added person or persons.
- If you do not currently hold an active TABC license/permit, complete the entire Business Information section, all necessary ownership information and personal history sheets. Select the entity page(s) that correspond with your business structure. All officers, directors, stockholders, and trustees, holding ownership in this business must be disclosed. Individual applicants complete this application and L-PHS (Personal History Sheet).

9. Individual Officer Director Stockholder Manager/Member Trustee (Mark All That Apply)

Last Name	First Name	MI	Title
SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Class & No. of Shares/Percentage Membership or Units Held	

Officer Director Stockholder Manager/Member Trustee (Mark All That Apply)

Last Name	First Name	MI	Title
SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Class & No. of Shares/Percentage Membership or Units Held	

Officer Director Stockholder Manager/Member Trustee (Mark All That Apply)

Last Name	First Name	MI	Title
SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Class & No. of Shares/Percentage Membership or Units Held	

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Manager/Member <input type="checkbox"/> Trustee (Mark All That Apply)			
Last Name	First Name	MI	Title
SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Class & No. of Shares/Percentage Membership or Units Held	

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Manager/Member <input type="checkbox"/> Trustee (Mark All That Apply)			
Last Name	First Name	MI	Title
SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Class & No. of Shares/Percentage Membership or Units Held	

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Manager/Member <input type="checkbox"/> Trustee (Mark All That Apply)			
Last Name	First Name	MI	Title
SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Class & No. of Shares/Percentage Membership or Units Held	

If additional space is necessary, use the appropriate form for your business structure (L-C, L-LLC, L-P).

Background Information

10A. Has any person listed in the business information section, or his or her spouse, been finally convicted or received deferred adjudication for any of the offenses below? If so, indicate by checking all that apply. If any boxes are checked, and it has not been five years since the termination of a sentence, parole or probation served, **attach an explanation.**

- any felony offense
- prostitution
- bookmaking
- gambling or gaming
- bootlegging
- vagrancy offense involving moral turpitude
- any offense involving dangerous drugs, synthetic cannabinoids or controlled substances as defined in Texas Controlled Substances Act
- any offense involving firearms or a deadly weapon
- any offense involving drink solicitation
- more than three violations of the Texas Alcoholic Beverage Code relating to minors
- violations of the Texas Alcoholic Beverage Code resulting in a criminal fine of \$500
- violations of an individual's civil rights or discrimination against an individual on the basis of race, color, creed or national origin

10B. If any person listed in the Business Section has had a TABC license or permit canceled, **attach an explanation.**

Property Ownership/Lease/Sublease/Management Information

Complete question 11A. or 11B. to document owner of property. If land and building are owned by different entities, group partners/officers of each entity separately in spaces in 11B.

Individual Property Owner

11A. Full Legal Name (Last, First, Middle):	Date of Birth (mm/dd/yyyy)	SSN
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Property Owner Information (If owner is business entity)

11B. Name of Business Entity	Federal Employer Identification Number (FEIN)
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12. If operating under a lease at the location listed in question 4, complete the following:

Expiration date(s)/Options _____

Monthly rental amount \$ _____

If other fees and payments are due to the landlord, indicate amount and reason \$ _____ Reason: _____

If you are you operating under any concession, service or management agreement(s) that contain terms for services or management beyond property rental, complete question number 13.

Attach copy of all agreements.

If question 13 does not apply, go to question 14

13A. Indicate if you are:

- Sublessor Concessionaire Management Company

13B. Entity Name of Sublessor, Concessionaire or Management Company:

13C. FEIN of Sublessor, Concessionaire or Management Company:

Enter information for individual or business entity below

Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	FEIN or SSN
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	FEIN or SSN
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	FEIN or SSN
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	FEIN or SSN

Use form L-SL if additional space is needed

13D. Enter contract information below:

Expiration date(s)/Options _____

Monthly fee \$ _____

13E. If you have a sublessor that differs from the management company enter sublessor name below.

Sublessor Name _____ FEIN _____

14A. Do you or anyone else at the location operate under a franchise agreement?

Yes No

14B. 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

If there are any agreements, excluding questions 13-14, which involve alcohol in any way,
you MUST attach copies of those agreements.

**Sales Information for Following License/Permit Types:
MB/FB, BG/FB, BE/FB**

15. Provide projected (future) sales data for first 12 months of operation.

Sales Year (YYYY) 20 _____
 Alcoholic Beverage Sales \$ _____
 Food Sales \$ _____
 Other Sales \$ _____
 Total Sales \$ _____

Additional Requirements you are Attesting to for Food and Beverage Certificate Only:

- Projected receipts from the sale of alcoholic beverages are 60% or less of the total gross receipts of the location.
- Food service is maintained on the licensed/permitted premises.
- There is a permanent food service facility on the licensed/permitted premises.
- There are multiple entrees available to customers.
- Food items are primarily consumed on the licensed location.
- Hours of operation for the sale and service of food are at least the same hours for the sale and service of alcoholic beverages.
- Records for food service will be made available for inspection or audit, even if the food service facility at the location is maintained by a separate business entity than the permittee.
- Although you are not required to provide photos of kitchen equipment and copies of menus as this time, you may be subject to a virtual audit in which you would be required to provide them at that time.
- I affirm to the TABC that my location is eligible to receive a Food and Beverage Certificate. I understand that the Food and Beverage Certificate may be cancelled at any time if TABC finds that the location does not meet the eligibility requirements. I further understand that if the Food & Beverage Certificate is cancelled for such reason, I will be ineligible to apply for a new certificate until one calendar year has passed from the initial cancellation.

Location Information

16. If you share the premises with another business entity enter tradename(s) of business(es) and sales and use tax number(s) below:

Trade Name _____
 Sales & Use Tax Number _____

17. Is the proposed location in a hotel or motel? If "Yes" attach diagram. Yes No

18. Will the license/permit embrace the entire location address as shown in question #4? Yes No
 If "NO," attach a diagram of your premises as required by Section 11.49.

Finance Information

19. 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.

20. List 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	SSN or FEIN	Terms	Date of Birth mm/dd/yyyy)	Amount \$
Name, Corporation, Partner/Officer			Date of Birth mm/dd/yyyy)	Amount \$
Name, Corporation, Partner/Officer			Date of Birth mm/dd/yyyy)	Amount \$
Name, Corporation, Partner/Officer			Date of Birth mm/dd/yyyy)	Amount \$
Name, Corporation, Partner/Officer			Date of Birth mm/dd/yyyy)	Amount \$
Name, Corporation, Partner/Officer			Date of Birth mm/dd/yyyy)	Amount \$

If more space is needed, attach additional page

Measurement Information

Click [here](#) for measurement instructions, information, and requirements

21. Will the premises be within 1,000 feet of a private/public school? Yes No

22. Is any property line of your premises within 300 feet of a residential address or established neighborhood association? Yes No

On-Premise Licenses And Permits Only

Measurement information for applicants in municipalities with a population of 1.5 million or more

23. Will your business be located within 300 feet of a residence, church, school, day care or social service facility? Yes No

If "YES," will 75% or more of the applicant's actual or anticipated gross revenue be from the sale of alcoholic beverages? Yes No

If "YES," to both 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

Brewpub (BP) Only

24. Do you, the applicant, intend to sell your alcoholic product directly to other retailers? Yes No

25. Do you, the applicant, intend to sell your alcoholic product to wholesalers/distributors? Yes No

26. Will you, the applicant, be engaged in the business of brewing and packaging malt liquor in quantities sufficient to operate a brewpub not later than 6 months after the date of issuance of the original license? Yes No

60-Day Sign

27. If required under Section 11.391 and 61.381, provide exact date the required sign was posted at the location. **Exact Date**

Bonded Warehouse (J – Wet / JD – Dry)

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

29. Are you providing services to permit holders other than storage Yes No
30. Is at least 50% of gross revenue during each three (3) month quarter derived from goods and merchandise other than alcoholic beverages? Yes No
31. Is the location in a wet or dry area? Wet Dry

Brewers (BW)

32. Do you, the applicant, intend to engage in the business of brewing and packaging malt beverage 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? Yes No
- 33A. 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. _____ Yes No
- 33B. Is your product brewed at their location? Yes No
- 34A. Do you, the applicant, intend to utilize an alternating proprietorship agreement to produce your product?
 If "Yes," provide the TABC license/permit number of that brewery. _____ Yes No
- 34B. Is your product brewed at their location? Yes No
35. 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 can be downloaded here: [Forms | TABC \(texas.gov\)](https://www.tabc.com/forms) Yes No
36. 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 attach copy. Yes No

Brewers (BW), Distillers and Rectifiers (D), Winery (G)

37. Is any property line of your premises within 300 feet of a residential address or established neighborhood association? Yes No
38. 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. Yes No

Wholesalers (W)

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

Distributors (D)

40. 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 malt beverage in an amount equal to the demand for the product from all retailers in applicant's assigned territory?
NOTE: If you are applying for a General Distributor's License, Local Distributor's Permit or Branch Distributor's License, you must submit a territorial agreement from the actual manufacturer of each malt beverage product you are handling. Yes No

Winery (G)

41. I, the applicant, declare that I have the appropriate federal authority to qualify as a Texas winery and have all necessary information and documentation to complete the application. Yes
 If "YES," attach a copy of the approved Application to Establish and Operate a Wine Premises.
42. Do you, the applicant, intend to engage in any activity authorized by the winery permit on the permitted premises of another winery?
 If "YES," provide the TABC permit number of that winery _____ and attach a copy. Yes No

WARNING AND SIGNATURE

If applicant is/principal party listed below must sign

Individual/Individual Owner	Corporation/Officer
Partnership/Partner	Limited Liability Company/ Officer or Manager
Limited Partnership/General Partner	

Each licensee or permittee 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 permittee is unlawful.

The applicant, license/permit holder, agent, servant or employee may not directly or indirectly have any overlapping ownerships or other prohibited relationships (including unfair competition and unlawful trade practices) between those engaged in the alcoholic beverage industry at different levels, that is, between a manufacturer and a wholesaler or retailer, or between a wholesaler and a retailer, as the words "wholesaler," "retailer," and "manufacturer" are ordinarily used and understood, regardless of the specific names given a license/permit. Reference Chapter 102 et seq.

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 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