



Contact your local TABC office to verify requirements of Section 11.391 and 61.381
 Submit completed application and fees to your local TABC office for processing. See page 6 for document guide.
 All statutory references mentioned in this application refer to the Texas Alcoholic Beverage Code which can be located on our website by clicking [here](#).

LOCATION INFORMATION

1. Type of Private Club Permit <input type="checkbox"/> N Private Club Registration Permit <input type="checkbox"/> LH Late Hours Certificate <input type="checkbox"/> NB Private Club Malt Beverage and Wine Permit <input type="checkbox"/> FB Food and Beverage Certificate <input type="checkbox"/> NE Private Club Exemption Certificate Permit		2. Indicate Primary Business at this Location <input type="checkbox"/> Bar <input type="checkbox"/> Sexually Oriented <input type="checkbox"/> Restaurant <input type="checkbox"/> Sporting Arena, Civic Center, Hotel <input type="checkbox"/> Miscellaneous _____	
3. Trade Name of Location (Name of restaurant, bar, club etc.) _____			
4. Location Address Street Number and Street Name _____			
City _____		County _____	State _____ Zip Code _____
5. Mailing Address Street Number and Street Name _____		City _____	State _____ Zip Code _____
6. Business Phone No. _____	Alternate Phone No. _____	E-mail Address _____	

FEE INFORMATION

7. If applying for a Private Club Registration Permit (N), indicate the current club membership _____

OWNER INFORMATION

8. Type of Owner <input type="checkbox"/> Corporation <input type="checkbox"/> Incorporated Association of Persons <input type="checkbox"/> Unincorporated Association of Persons			
9. Name of Owner/Applicant _____		10. Federal Employer's I.D. No. (FEIN) _____	
11. Secretary of State Filing No. (if incorporated) _____		Date Secretary of State Filing Approved (mm/dd/yyyy) _____	
12. Are you, the applicant, a veteran-owned business? _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you, the applicant, a Historically Underutilized Business (HUB)? _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIVATE CLUB OFFICER/DIRECTOR INFORMATION

All officers MUST complete a Personal History Sheet (PHS). Click here [Forms | TABC \(texas.gov\)](#) to obtain the PHS.

<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name _____	First Name _____	MI _____	Date of Birth _____
SSN _____	Title _____	Class & No. of Shares _____	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name _____	First Name _____	MI _____	Date of Birth _____
SSN _____	Title _____	Class & No. of Shares _____	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name _____	First Name _____	MI _____	Date of Birth _____
SSN _____	Title _____	Class & No. of Shares _____	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name _____	First Name _____	MI _____	Date of Birth _____
SSN _____	Title _____	Class & No. of Shares _____	

Officer/Director section continued on page 2

PRIMARY CONTACT PERSON

The primary contact person should be a person who can answer questions TABC may have about the application. The contact phone and email are mandatory and must be active and updated regularly. If additional information is needed, it will be requested from this contact person. Delays in responding to requests may delay the processing and approval of your license/permit.

14. Contact Person: _____	Relation to Business: _____
Phone (mandatory): _____	Email (mandatory): _____

TABC DATESTAMP

PRIVATE CLUB OFFICER/DIRECTOR INFORMATION (CONTINUED)

<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	

If more space is needed, attach additional page.

BUSINESS INFORMATION

15A. 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 or race, color, creed or national origin

15B. If any person listed in the Business Section has had a TABC license or permit canceled, attach an explanation.

16. Are all members at least 21 years old? Yes No

17. Are you, the applicant, providing regular food service at this location, adequate for members and guests? (Please be prepared to furnish a menu.) Yes No

Property Ownership/Lease/Sublease/Management Information

Complete question 18A. or 18B. to document owner of property. If land and building are owned by different entities, group partners/officers of entities separately on Form L-OP found [here](#).

Individual Property Owner

18A. 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)

18B. Name of Business Entity	Federal Employer Identification Number (FEIN)	See Attached Sheet <input type="checkbox"/>
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19. If operating under a lease at the location listed in question 3, 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 operating under any concession, service or management agreements that contain terms for services or management beyond property rental, complete question number 20. Attach copy of all agreements.
If question 20 does not apply, go to question 21

20A. Indicate if you are: Sublessor Concessionaire Management Company

20B. Entity Name of Sublessor, Concessionaire or Management Company: _____

20C. 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. Click here Forms TABC (texas.gov) to obtain the form		
20D. Enter contract information below: Expiration date(s)/Options _____ Monthly fee \$ _____		
20E. If you have a sublessor that differs from the management company enter sublessor name below. Sublessor Name _____ FEIN _____		
21A. Do you or anyone else at the location operate under a franchise agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
21B. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If there are any agreements, excluding questions 19 and 20, which involve alcohol in any way, you MUST attach copies of those agreements.		
SALES AND LOCATION INFORMATION		
22. Provide projected sales data or actual sales data for the 12 months preceding this application. Sales Year (YYYY) <u>20</u> Alcoholic Beverage \$ _____ Food \$ _____ Other \$ _____ Total \$ _____		
23. Is the proposed location in a hotel or motel? <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Will the license or permit embrace the entire building and grounds at the address shown? If "NO," attach required diagram. <input type="checkbox"/> Yes <input type="checkbox"/> No		
FINANCE INFORMATION		
25. What is the amount of total investment from all sources for this location? \$ _____ Be prepared to provide copies of all documents related to the financing of this location.		
26. List any person, firm, or corporation that has advanced or will advance any money, that holds any mortgage or encumbrances against the assets of the proposed business location, or that has signed or co-signed, guaranteed or financially assisted this business location for which you are seeking a license/permit. If a partnership or corporation, list entity along with partners/officers. <p style="text-align:center;">If more space is needed, attach additional page.</p>		
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
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
MEASUREMENT INFORMATION		
Click here for measurement instructions, information, and requirements		
27. If you are not applying for a Food and Beverage Certificate, will your business be located within 300 feet of any day care center or child care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," are the facilities located on different floors or stories of the building? <input type="checkbox"/> Yes <input type="checkbox"/> No		
28. 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 If "YES," and if you are applying for an On-Premise License/Permit, and if a Food and Beverage Certificate is not applied for, you must 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 <p style="text-align:center;">Click Notice of Application to view and print notice.</p>		
29. Is any property line of your premises within 1000 feet of a public school? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," and if you are not applying for a Food and Beverage Certificate, you may need to post a Conduct Surety Bond.		

PRIVATE CLUB REGISTRATION PERMIT (N)/PRIVATE CLUB MALT LIQUOR & WINE PERMIT(NB)

30. List names of all members on membership committee:

31. Is any member of the membership committee directly or indirectly employed by the club? Yes No
If "YES," explain employment relationship.

32. Does the club have at least 50 members who reside in the county where the club is located or at least 100 members who reside in that county and an adjacent county or counties? Yes No
NOTE: You must attach a copy of your membership list including charter members. Provide contact information, home address and county of residence.

33. Indicate which type of liquor storage club members will use: Pool Locker
If operating under the pool system, has each member of the pool participated equally in the purchase of all alcoholic beverages? Yes No

PRIVATE CLUB EXEMPTION CERTIFICATE (NE) ONLY

34. Indicate one of the following for the organization: Veteran Fraternal Building Hall Association
If applicant is a veteran or fraternal organization, enter the following information.

35. Official Name of Parent Organization

36. Address of Parent Organization (Street number and name, city, state, zip.)

37. Indicate one of the following for the organization: American National Texas State Fraternal
If fraternal, has this local unit operated an establishment for fraternal purposes at least one year? Yes No
If applicant is a building or hall association, enter the following information.

38. Is all stock owned by the local unit or members of the local unit of the fraternal organization that operates the club facilities of the local unit? Yes No

39. Is the association composed of members appointed by the county commissioner's court to administer, manage and control an exposition center? Yes No
If applicant is a building association appointed to control and manage an exposition center, enter the following information.

40. Is the exhibition area at least 100,000 square feet? Yes No

41. Does the arena have at least 6,000 fixed seats? Yes No

42. Is the exhibition area situated on property within an area of at least 50 acres including the land and building owned by the county? Yes No

LATE HOURS CERTIFICATE

To determine whether the club is authorized to receive a Late Hours Certificate, answer one of the following questions.

43. Is the proposed licensed location in a city or county that was 500,000 or more in population according to the 22nd Decennial Census of the United States as released by the Bureau of the Census on March 12, 2001; or is the proposed licensed location in a city or county that was 800,000 or more according to the last Federal Census (2010)? Yes No

44. If the proposed licensed location is in an unincorporated area of a county, has the county commissioner's court adopted by order the late hours of consumption of alcoholic beverages? Yes No

45. If the proposed licensed location is in an incorporated city/town, has the governing body of the city/town adopted by ordinance the late hours consumption of alcoholic beverages? Yes No

60-DAY SIGN INFORMATION

46. If you were required to post a 60-day sign as required by Section 11.391 or 61.381 of the Texas Alcoholic Beverage Code at this location; provide exact date the required sign was posted at the location. Exact Date (MM/DD/YYYY)

ALL APPLICANTS

47. I, the applicant, have confirmed I am not located in the city limits of any city and therefore all city certificates are not required.

WARNING AND SIGNATURE

An Officer Must Sign

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

Completed certifications on next page MUST be submitted with application

COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE

This is to certify on this _____ day of _____, 20_____, the applicant holds or has applied for and satisfies all legal requirements for the issuance of a Sales Tax Permit under the Limited Sales, Excise and Use Tax Act or the applicant as of this date is not required to hold a Sales Tax Permit.

Sales Tax Permit Number _____ Outlet Number _____

Print Name of Comptroller Employee _____

Print Title of Comptroller Employee _____

SIGN HERE _____ FIELD OFFICE _____

S E A L

PUBLISHER'S AFFIDAVIT (FOR N, LH, NE & NB)

Name of newspaper		<p align="center">ATTACH PRINTED COPY OF THE NOTICE HERE</p> <p align="center">Click here to see example of newspaper publication</p>
City, County		
Dates notice published in daily/weekly newspaper (MM/DD/YYYY)		
<i>Publisher or designee certifies attached notice was published in newspaper stated on dates shown</i>		
Signature of publisher or designee		
Sworn to and subscribed before me on this date		
Signature of Notary Public		
S E A L		

Private Club Application Document Guide

The following is a guide of documents generally requested by the Commission to accompany your completed Private Club Application. The appropriate fees are required at the time of submission.

1. Minutes of organizational meeting minutes

should include:

- Announcement of the original organizational meeting
- Names of the members present at that meeting
- Election of officers and membership committee
- Discussion of:
 - Renting or purchasing of the property
 - Loan acquisition
 - Hiring of a manager
 - The nature of the association (incorporated or unincorporated association)
 - Membership fees and how to generate capital for start-up costs.

2. Copy of bylaws

Bylaws should include:

- Common objectives or purpose of the club
- Election of governing body and outline of duties
- Time and place of annual meeting and provisions
- A membership committee and their function
- House rules
- Provisions for contracts, leases, etc.
- Provisions for amendments to the bylaws

3. Membership list

Membership list should include:

- Names of members
- Residential addresses of members including county
- Residential or business phone numbers of members

4. Copy of club rules

5. Copy of lease(s), sublease agreement(s) and concession (food service) agreements (if applicable)

6. Management agreement

7. Loan documents (if applicable)

8. Menu or list of food items available

The Commission may request additional documentation in support of your application.