



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

ON-PREMISE PREQUALIFICATION PACKET

L-ON (5/2021)

Submit this packet to the proper governmental entities to obtain certification for the type of license/permit for which you are applying as required by Sections 11.37, 11.39, 11.46(b), 61.37, 61.38, 61.42 and Rule §33.13
Contact your local TABC office to verify requirements of Sections 11.391 and 61.381 as you may be required to post a sign at your proposed location 60-days prior to the issuance of your license/permit.
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

LOCATION INFORMATION

1. Application for: Original Add Late Hours Only License/Permit Number

Reinstatement Reinstatement and Change of Trade Name License/Permit Number

Change of Location Change of Location and Trade Name License/Permit Number

2. Type of On-Premise License/Permit

- | | |
|---|---|
| <input type="checkbox"/> BG Wine and Beer Retailer's Permit | <input type="checkbox"/> LB Mixed Beverage Late Hours Permit |
| <input type="checkbox"/> BE Beer Retail Dealer's On-Premise License | <input type="checkbox"/> MI Minibar Permit |
| <input type="checkbox"/> BL Retail Dealer's On-Premise Late Hours License | <input type="checkbox"/> CB Caterer's Permit |
| <input type="checkbox"/> BP Brewpub License | <input type="checkbox"/> FB Food and Beverage Certificate |
| <input type="checkbox"/> V Wine & Beer Retailer's Permit for Excursion Boats | <input type="checkbox"/> PE Beverage Cartage Permit |
| <input type="checkbox"/> MB Mixed Beverage Permit | <input type="checkbox"/> RM Mixed Beverage Restaurant Permit with FB |
| <input type="checkbox"/> O Private Carrier's Permit -Brewpubs (BP) with a BG only | <input type="checkbox"/> E Local Cartage Permit - Wine/Beer retailers (BG) Only |

3. Indicate Primary Business at this Location

- | | | |
|---|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Sporting Arena, Civic Center, Hotel | <input type="checkbox"/> Bar |
| <input type="checkbox"/> Grocery/Market | <input type="checkbox"/> Sexually Oriented | <input type="checkbox"/> Miscellaneous _____ |

4. Trade Name of Location (Name of restaurant, bar, store, etc.)

5. Location Address

City	County	State	Zip Code
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6. Mailing Address	City	State	Zip Code
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7. Business Phone No.	Alternate Phone No.	E-mail Address
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OWNER INFORMATION

8. Type of Owner

- | | | |
|--|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> City/County/University |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Joint Venture | |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Trust | |

9. Owner of Business/Applicant (Name of Corporation, LLC, etc.)

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 permit/license.**

10. Contact Person:	Relation to Business:
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Phone (mandatory):	Email (mandatory):
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TABC DATESTAMP

11. Are you, the applicant, a veteran-owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Are you, the applicant, a Historically Underutilized Business (HUB)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. As indicated on the chart, enter the individuals that pertain to your business type: (For additional space, use Form L-OIC)			
Individual/Individual Owner		Limited Liability Company/All Officers or Managers	
Partnership/All Partners		Joint Venture/Venturers	
Limited Partnership/All General Partners		Trust/Trustee(s)	
Corporation/All Officers		City, County, University/Official	
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title

MEASUREMENT INFORMATION

Section 109.31 et seq.

14. Will your business be located within 300 feet of a church or public hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>NOTE: For churches or public hospitals measure from front door to front door, along the property lines of the street fronts and in a direct line across intersections.</i>	
15. Will your business be located within 300 feet of any private/public school, day care 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	
<i>NOTE: For private/public schools, day care centers and child care facilities, measure in a direct line from the nearest property line of the school, day care center or child care facility to the nearest property line of the place of business, and in a direct line across intersections.</i>	
<i>NOTE: For multistory building: businesses may be within 300 feet of a day care center or child care facility as long as the facilities are located on different floors of the building.</i>	
<i>NOTE: If located on or above the fifth story of a multistory building: measure in a direct line from the property line of the private/public school to property line of your place of business in a direct line across intersections vertically up the building at the property line to the base of the floor on which your business is located.</i>	
16. Will your business be located within 1,000 feet of a private school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Will your business be located within 1,000 feet of a public school? <input type="checkbox"/> Yes <input type="checkbox"/> No	

60-DAY SIGN

18. If required under Section 11.391 and 61.381, provide exact date the required sign was posted at the location.	Exact Date (MM/DD/YYYY)
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ALL APPLICANTS

19. IF YOUR LOCATION IS NOT WITHIN THE CITY LIMITS, CHECK HERE
I, the applicant, have confirmed I am not located in the city limits of any city, therefore, city certifications are not required.

COMPLETE THE FOLLOWING CHECKLIST BEFORE SUBMITTING YOUR APPLICATION

Per Sec. 102.01, a tied house is defined as any overlapping ownership between those engaged in the alcoholic beverage industry at different levels of the three-tier system. No person having an interest in a permit issued by TABC may secure or hold, directly or indirectly, an ownership interest in a business on a different level.

All required forms have been completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have reviewed all forms to ensure they are complete.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have obtained all required local and state certifications (pages 3-5).	<input type="checkbox"/> Yes <input type="checkbox"/> No
All application packets have been notarized.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone numbers and email address for contact person are up to date.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All additional documentation as required by the application packets is attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If required, out of state criminal history checks are attached (PHS #7).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Certification of publication in local newspaper has been completed (page 5).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
A copy of the newspaper publication is attached (page 5).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

WARNING AND SIGNATURE

IF APPLICANT IS SHOWN AS:	WHO MUST SIGN:
Proprietorship	Individual Owner
Partnership	Partner
Corporation	Officer
Limited Partnership	General Partner
Limited Liability Partnership	General Partner
Limited Liability Company	Officer/Manager

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."

I, UNDER PENALTY OF LAW, HEREBY SWEAR THAT I HAVE READ ALL THE INFORMATION PROVIDED IN THE APPLICATION AND ANY ATTACHMENTS AND THE INFORMATION IS TRUE AND CORRECT. I ALSO UNDERSTAND ANY FALSE STATEMENT OR REPRESENTATION IN THIS APPLICATION CAN RESULT IN MY APPLICATION BEING DENIED AND/OR CRIMINAL CHARGES FILED AGAINST ME. I ALSO AUTHORIZE THE TEXAS ALCOHOLIC BEVERAGE COMMISSION TO USE ALL LEGAL MEANS TO VERIFY THE INFORMATION PROVIDED.

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

CERTIFICATE OF CITY SECRETARY FOR MB, BG & BE

Section 11.37 & 61.37

Not later than the 30th day after the date a prospective applicant for a license or permit requests certification, the city secretary or clerk shall certify whether the location or address given in the request is in a wet area and whether the sale of alcoholic beverages for which the license or permit is sought is prohibited by ordinance.

I hereby certify on this _____ day of _____, 20____, that the location for which the license/permit is sought is inside the boundaries of this city or town, in a "**wet**" area for such license/permit, and not prohibited by charter or ordinance in reference to the sale of such alcoholic beverages.

- MB** Mixed Beverage Permit
- MB/FB (RM)** Mixed Beverage Restaurant Permit with Food and Beverage Certificate (MB must also hold a Food and Beverage Certificate)
- BG/FB** Wine and Beer Retailer's Permit with Food and Beverage Certificate (BG must also hold a Food and Beverage Certificate)
- BG** Wine and Beer Retailer's Permit - **Election for given location was held for:**
 - legal sale of beer/wine (17%) on-premise **AFTER** Sept. 1, 1999
 - legal sale of beer/wine (14%) on-premise **BEFORE** Sept. 1, 1999
- BE** Beer Retail Dealer's On-Premise License

OR

I hereby refuse on this _____ day of _____, 20____ to certify this location.

SIGN HERE _____, TEXAS
City Secretary/Clerk City

S E A L

CERTIFICATE OF CITY SECRETARY FOR LATE HOURS LICENSE/PERMIT LB & BL

Chapters 29 & 70 et seq.

I hereby certify on this _____ day of _____, 20____, that one of the below is correct:

- The governing body of this city has by ordinance authorized the sale of **mixed beverages** between midnight and 2:00 A.M.; or
- The governing body of this city has by ordinance authorized the sale of **beer** between midnight and _____ A.M.; or
- The population of the city or county where premises are located was 500,000 or more according to the 22nd Decennial Census of the United States as released by the Bureau of the Census on March 12, 2001; or
- The population of the city or county where premises are located was 800,000 or more according to the last Federal Census (2010).

OR

I hereby refuse on this _____ day of _____, 20____ to certify this location.

SIGN HERE _____, TEXAS
City Secretary/Clerk City

S E A L

CERTIFICATE OF COUNTY CLERK FOR MB, BG & BE

Section 11.37 & 61.37

Not later than the 30th day after the date a prospective applicant for a license or permit requests certification, the county clerk shall certify whether the location or address given in the request is in a wet area and whether the sale of alcoholic beverages for which the license or permit is sought is prohibited by order.

I hereby certify on this _____ day of _____, 20____, that the location for which the license/permit is sought is in a "**wet**" area and is not prohibited by any valid order of the Commissioner's Court.

- MB** Mixed Beverage Permit
- MB/FB (RM)** Mixed Beverage Restaurant Permit with Food and Beverage Certificate (FB must also hold a Food and Beverage Certificate)
- BG/FB** Wine and Beer Retailer's Permit with Food and Beverage Certificate (BG must also hold a Food and Beverage Certificate)
- BG** Wine and Beer Retailer's Permit - **Election for given location was held for:**
 - legal sale of beer/wine (17%) on-premise **AFTER** Sept. 1, 1999
 - legal sale of beer/wine (14%) on-premise **BEFORE** Sept. 1, 1999
- BE** Beer Retail Dealer's On-Premise License

OR

I hereby refuse on this _____ day of _____, 20____ to certify this location.

SIGN HERE _____ COUNTY
County Clerk

S E A L

CERTIFICATE OF COUNTY CLERK FOR LATE HOURS LICENSE/PERMIT LB & BL

Chapters 29 & 70 et seq

I hereby certify on this _____ day of _____, 20____, that one of the below are correct:

- The Commissioner's Court of the county has by order authorized the sale of **mixed beverages** between midnight and 2:00 A.M.; or
- The Commissioner's Court of the county has by order authorized the sale of **beer** between midnight and _____ A.M.; or
- The population of the city or county where premises are located was 500,000 or more according to the 22nd Decennial Census of the United States as released by the Bureau of the Census on March 12, 2001; or
- The population of the city or county where premises are located was 800,000 or more according to the last Federal Census (2010).

OR

I hereby refuse on this _____ day of _____, 20____ to certify this location.

SIGN HERE _____ **COUNTY**
County Clerk

S E A L

COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE

Section 11.46 (b) & 61.42 (b)

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 and that none of the persons making this application are indebted to the State of Texas.

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 MB, LB, RM, BP, BG, BE, BL & V

Section 11.39 and 61.38

Name of newspaper		ATTACH PRINTED COPY OF THE NOTICE HERE Click here to see example of newspaper publication
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 (MM/DD/YYYY)		
Signature of Notary Public		
S E A L		



LOCATION INFORMATION

1. Trade Name of Location			
2. Location Address			
City	County	State	Zip Code

OWNER INFORMATION

3. Type of Owner			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> City/County/University	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Joint Venture		
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Trust		
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title