



CAREFULLY READ INSTRUCTIONS ON PAGE 3

TABC USE ONLY	ISSUE DATE	FEE	LATE FEE (RENEWAL ONLY)
APPLICATION FOR CARRIER PERMIT		Registry No.	
ALL APPLICANTS	1A. TYPE OF APPLICATION: <input type="checkbox"/> Original <input type="checkbox"/> Renewal/Change <input type="checkbox"/> Change		
	1B. If renewal or change, enter license/permit no(s): _____		
	2. TYPE OF OWNER:		
	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other: _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership		
	3. Trade Name of Business		
	4. Location Address		
	City	County	State Zip Code
	5. Mailing Address		City State Zip Code
CARRIER PERMIT Sec. 41.03			
CARRIER	6. ELIGIBILITY FOR PERMIT. A carrier permit may be issued to:		
	(1) a water carrier; (2) an airline; (3) a railway; (4) a motor carrier registered under Chapter 643, Transportation Code; or (5) a common carrier operating under a certificate issued by the Interstate Commerce Commission. SPECIFY YOUR CLASSIFICATION: <input type="checkbox"/> Water Carrier <input type="checkbox"/> Airline Carrier <input type="checkbox"/> Railway Carrier <input type="checkbox"/> Motor Carrier <input type="checkbox"/> Common Carrier		
CONTACT	PRIMARY CONTACT PERSON		
	This 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 person. Delays in responding to requests may delay the processing and approval of your license/permit.		
	7. Name:	Relation to Business:	
	Phone (mandatory):	Email (mandatory):	
TABC USE ONLY	PROCESSOR REVIEW DATE	/ /	WRITTEN PROCESS DATE
	END PROCESS DATE	/ /	PROCESSOR I.D.
	TABC DATESTAMP		

INDIVIDUAL

INDIVIDUAL

8. Social Security Number	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy)
Full Legal Name (Last, First, Middle)		
Residential Address	City	State Zip Code

BUSINESS INFORMATION

ALL OFFICERS, PARTNERS, DIRECTORS AND MANAGERS

9A. Indicate type of ownership and complete the information below:
 Corporation Limited Liability Company Partnership Limited Partnership Limited Liability Partnership

9B. Federal Employer's I.D. No.: _____

9C. Entity Name: _____

9D. Charter No.: _____ Date Approved: _____ State: _____

10. COMPLETE THE FOLLOWING PER INSTRUCTIONS:

Social Security Number	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy)
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Full Legal Name of Partner (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager	Title
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Residential Address	City	State	ZIP Code
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Social Security Number	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy)
------------------------	--	----------------------------

Full Legal Name of Partner (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager	Title
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Residential Address	City	State	ZIP Code
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Social Security Number	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy)
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Full Legal Name of Partner (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager	Title
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Residential Address	City	State	ZIP Code
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Social Security Number	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy)
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Full Legal Name of Partner (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager	Title
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Residential Address	City	State	ZIP Code
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Social Security Number	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy)
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Full Legal Name of Partner (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager	Title
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Residential Address	City	State	ZIP Code
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FOR ADDITIONAL INDIVIDUALS, USE COPIES OF THIS PAGE

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code is as follows: "...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."

ACKNOWLEDGMENT

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

See chart on left to determine who must sign

PRINT NAME: _____

SIGN HERE: _____

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 read the said application and that all the facts therein set forth are true and correct.

SIGN HERE: _____

NOTARY PUBLIC

SEAL

INFORMATION AND INSTRUCTIONS

CARRIER'S PERMIT- Allows the holder to transport liquor into and out of this state and between points within the state. Also, may transport liquor from one wet area to another wet area across a dry area if that course of transportation is necessary or convenient. A carrier's permit may be issued to a water carrier; an airline; a railway; a motor carrier registered under Chapter 643, Transportation Code, or by a common motor carrier operating under a certificate issued by the Interstate Commerce Commission. Each carrier must hold a carrier's permit issued under Chapter 41 of the code. All provisions of Chapter 41 relating to the transportation of liquor also apply to the transportation of malt beverage. A carrier may not transport malt beverage into the state unless it is consigned to an importer.

All applicants should answer numbers 1-7. Number 8 pertains only to individual applicants. Partnerships and corporations must answer numbers 9 and 10. Ensure application is signed by individual/officer/manager/partner and a notary public has acknowledged the signature.

Prior to mailing the original application, make a copy for your records. **Mail original application with proper fees to:**

**Texas Alcoholic Beverage Commission
P.O. Box 13127
Austin, Texas 78711**

When renewing, fees **MUST** be paid at the time of renewal. Fees may **NOT** be prorated or refunded. Submit your application along with permit fees and surcharges with a cashier's check, money order, or firm check from corporate permittee **payable to the Comptroller of Public Accounts.**