



# SELLER TRAINING IN-HOUSE PRIMARY SCHOOL CERTIFICATE APPLICATION

FORM ST-401HP (02/2011)

## REQUIREMENTS:

- Submit **complete** applications. *Incomplete* applications will not be processed and will not be returned.
- Keep an exact copy of this application.
- Complete and correct any deficiencies within ten business days. **Note: Application must be complete and correct within 90 days from the date of the Notary Public signature or the application will be invalid.**
- Submit Renewal Applications prior to the date the certificate expires

*Internet, computer-based, and classroom courses for In-House schools may not be made available to the general public. Only current employees may receive certification.*

## APPLICATION FEES:

- Application fees must be attached to each application.
- Application fees will *not* be returned if the School Application is disapproved or *not* renewed for any reason.

**Original In-House Primary School: \$1,000**

**Change of Ownership: \$100**

**Renewal In-House Primary School: \$500**

**Late Fee: \$100**

## MAILING INSTRUCTIONS:

Mail completed application with original signatures, processing fee(s) and required documents to:

**Texas Alcoholic Beverage Commission**  
Attn: Seller Training  
P.O. Box 13127  
Austin, TX 78711

## CONTACT INFORMATION

**SELLER TRAINING 512-206-3420**

[seller.training@tabc.state.tx.us](mailto:seller.training@tabc.state.tx.us)

**FOR MORE INFORMATION GO TO: [www.tabc.state.tx.us](http://www.tabc.state.tx.us)**



# SELLER TRAINING IN-HOUSE PRIMARY SCHOOL CERTIFICATE APPLICATION

FORM ST-401IHP (02/2011)

<b>FOR TABC USE ONLY – DO NOT USE THIS SPACE</b>	
<input type="checkbox"/> <b>Primary Original (\$1,000)</b>	<input type="checkbox"/> <b>Primary Renewal (\$500)</b>
<input type="checkbox"/> <b>Change of Ownership (\$100)</b>	
ST School license number: -	LE Ind/org number:
LE School file number: -	BSD Register number:
Approval Date:	Expiration Date:
Branch Locations? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Date Screen Shots Received: <i>(if applicable)</i>

**PRINT OR TYPE**

1. Application is filed as:	<input type="checkbox"/> In-House Primary School Original
	<input type="checkbox"/> In-House Primary School Renewal for School Number: —
	<input type="checkbox"/> Change of Ownership (If less than 50% of interest is sold or transferred.)
2. School Name:	
3. Type of instruction:	
	Computer or internet based? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	Classroom Based <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
4. Type of Ownership:	<input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> State Trade Association <input type="checkbox"/> Other _____
<b>NOTE:</b> A legal entity must attach its formation and registration documents and must be authorized to transact business in Texas.	
a. Federal Employer's I.D. Number (Ltd. partnership, corp., trade assoc., college/univ.):	_____
b. Entity/Organization Name:	_____
c. Entity/Organization Address:	_____
d. Charter Number (corp. only):	_____
	Date Charter Approved: _____ State: _____
e. Shares Authorized (corp. only):	_____
	Shares Issued: _____
f. <b>For state trade associations:</b> Is membership primarily composed of members of a particular retail chain?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
g. Does the applicant:	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
1. currently hold a retail permit or license issued by the Commission that employs a minimum of 150 individuals? AND	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
2. do the duties of the permit or license holder's employees include the preparation, sale, service, or delivery of alcoholic beverages to ultimate consumers?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
h. Is the applicant a hotel management or holding company that owns or operates a minimum of five hotels which employ a minimum of 200 individuals whose duties include preparation, sale, service, or delivery of alcoholic beverages to ultimate consumers?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>NOTE: The primary in-house seller server school must be managed and controlled by the hotel management or holding company and not the owned or managed hotel.</b>	

<b>5. Principal Site School Address:</b> <span style="float:right;"><i>Enter a physical street address. Do not enter a post office box address.</i></span>			
City:	County:	State:	ZIP Code:
Business Phone:	Cell:	Fax :	Other:
Mailing Address:			
City:		State:	ZIP Code:
Website Address: (if applicable)		E-mail:	
Does your website redirect to another entity? <b>If "Yes", provide the following information:</b> <span style="float:right;"><input type="checkbox"/> <b>Yes</b>   <b>No</b> <input type="checkbox"/></span>			
Entity Name:			
Entity School Number:      -			
<b>6. Will the applicant's Seller Training program receive direct or indirect financial support from any government body?</b> <span style="float:right;"><input type="checkbox"/> <b>Yes</b>   <b>No</b> <input type="checkbox"/></span>			
<b>7. List all owners (individuals and entities having an ownership interest), officers, directors, managers. Provide additional names on an attachment. Complete Personal History Attachment (see page 7) for each person listed. -OR- Attach a copy of TABC licensing documentation with requested information.</b>			
Name:	Title:	Percent of Ownership:	
Name:	Title:	Percent of Ownership:	
Name:	Title:	Percent of Ownership:	
Name:	Title:	Percent of Ownership:	
Name:	Title:	Percent of Ownership:	
Name:	Title:	Percent of Ownership:	
Name:	Title:	Percent of Ownership:	
Name:	Title:	Percent of Ownership:	
<b>8. If the applicant is a university, does the university offer a degree or certificate in hotel or motel management, restaurant management, and travel or tourism management?</b> <span style="float:right;"><input type="checkbox"/> <b>Yes</b>   <b>No</b> <input type="checkbox"/> <input type="checkbox"/> <b>N/A</b></span>			
a. <b>For community colleges and/or universities:</b> Is the applicant a state or federal agency, a political subdivision of the State, or an agency of a political subdivision of the State? <span style="float:right;"><input type="checkbox"/> <b>Yes</b>   <b>No</b> <input type="checkbox"/></span>			
b. Is the applicant a public community college? <b>If "Yes", provide documentation.</b> <span style="float:right;"><input type="checkbox"/> <b>Yes</b>   <b>No</b> <input type="checkbox"/></span>			
c. Is the applicant a university? <b>If "Yes", provide documentation.</b> <span style="float:right;"><input type="checkbox"/> <b>Yes</b>   <b>No</b> <input type="checkbox"/></span>			
<b>9. Has the applicant <i>ever</i> been <i>charged</i> with and/or arrested for a felony offense. <b>If "Yes", please be aware that additional information may be requested. This could result in processing delays.</b></b> <span style="float:right;"><input type="checkbox"/> <b>Yes</b>   <b>No</b> <input type="checkbox"/></span>			
<b>10. Are you submitting any optional/additional course content?</b> <span style="float:right;"><input type="checkbox"/> <b>Yes</b>   <b>No</b> <input type="checkbox"/></span>			

**11. The applicant understands and agrees to:**

- a. comply with all requirements addressed in the TABC Administrative Rules Chapter 50.  **Yes** **No**
- b. implement and maintain security measures that meet state and federal standards for the transmission and protection of personal identification information and financial information of individuals accessing the website.  **Yes** **No**
- c. electronically notify the Commission at least three business days in advance of each scheduled session and include the date, time and location of the session and whether the session will have continuous instruction or be presented as units. This does not apply if the course is computer based and accessible by TABC during normal state business hours..  **Yes** **No**   
 **N/A**
- d. electronically notify the Commission of a class cancellation prior to the scheduled date of the session. This does not apply if the course is computer based and accessible by TABC during normal state business hours.  **Yes** **No**   
 **N/A**
- e. electronically report trainee data to the Commission within fourteen calendar days of training.  **Yes** **No**
- f. maintain a current, valid e-mail address on file with the Commission.  **Yes** **No**
- g. maintain the Commission Standard Competence Test in a secure manner and in a secure location at all times.  **Yes** **No**
- h. instruct the program as submitted to and approved by the Texas Alcoholic Beverage Commission.  **Yes** **No**
- i. have qualified trainers that are currently certified.  **Yes** **No**
- j. submit any program changes or modifications to the Commission for prior approval.  **Yes** **No**
- k. allow a representative of the Texas Alcoholic Beverage Commission free access to all schools and training sessions.  **Yes** **No**
- l. submit to the Commission any program status changes, such as no longer offering classes, deletion or addition of trainers, etc.  **Yes** **No**
- m. submit to the Commission any changes in address, name, phone number and/or contact person.  **Yes** **No**

**12. Applicant understands that the School Certificate may be suspended or cancelled for violation of the Texas Alcoholic Beverage Commission Administrative Rules Chapter 50.**  **Yes** **No**

**13. Applicant understands that branch locations must be associated with a primary school that has a current, valid certificate.**  **Yes** **No**

**14. Applicant will make available upon request by TABC complete copies of any employment or independent contractor's agreements to be used by the applicant to secure the services of program administrators, supervisors or trainers.**  **Yes** **No**   
 **N/A**

**15. An applicant(s) for a primary in-house seller server school certificate must have a:**

a. Designated Instructor (certified trainer responsible for the oversight, operation, training and compliance at the primary seller server school).

Name:

b. Program Administrator (individual responsible for the day-to-day operations and facilities of the primary seller server school).

Name:

Complete this information for each domain associated with this Primary School. Attach additional page if necessary.

**NOTE:** Form ST-401IHB, Seller Server In-House Branch Location Certificate Application, must be submitted for each Branch location. **An internet-based Branch location is defined** as a domain that is under common ownership with the designated primary domain but that offers a different course of instruction from the course of instruction approved for the designated primary domain.

The applicant understands and agrees to notify the Commission within twenty-four hours of any change to the following list.

Yes     No

Primary Domain:

List all domains the primary school uses to provide any course of instruction that includes the mandatory curriculum.


List all domains under common ownership with the school that redirect students to the primary designated domain or to any other domain under common ownership with the designated primary domain.


List all domains, whether or not under common ownership, with which the school has a contractual relationship to redirect students to the designated primary domain or to any domain under common ownership.


Domain Information

**By signing below, the applicant(s) acknowledges that:**

- this application is a government document;
- each fact, disclosure, and statement made in the application is true and correct at this time;
- all parts of the application that apply are complete;
- the information provided is subject to verification by the Commission;
- providing false or misleading information or omitting a material fact may result in the refusal of the application, cancellation of a school's certificate, or criminal prosecution;
- he/she has the authority to act on behalf of all owners;
- he/she has personally completed or reviewed the application and has personal knowledge of and is responsible for its content.

**WARNING:** Section 101.69 of the Texas Alcoholic Beverage Commission 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 penitentiary for not less than 2 nor more than 10 years."

**IMPORTANT:** This application must be signed by the individual owner, each general partner, or an officer if the applicant is a corporation or other.

\_\_\_\_\_  
*Signature must appear as name shown on Personal History Attachment.*

\_\_\_\_\_  
*Signature must appear as name shown on Personal History Attachment.*

\_\_\_\_\_  
*Signature must appear as name shown on Personal History Attachment.*

\_\_\_\_\_  
*Signature must appear as name shown on Personal History Attachment.*

**Before me, the undersigned authority, on this day personally appeared:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

known to me to be the person(s) whose name(s) is/are signed to the foregoing application and, duly sworn by me, each states under oath that he or she has read the said application and that all facts therein set forth are true and correct.

**Sworn to before me, this the** \_\_\_\_\_ **day of** \_\_\_\_\_ **A.D.** \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS**



# SELLER TRAINING PERSONAL HISTORY ATTACHMENT

FORM ST-401HP (02/2011)

Complete this page for **each** individual owner, individual shareholder, partner, officer, director, manager, program administrator and applicant for or holder of the in-house seller server school certificate. Attach additional copies of this page if necessary.

1. Applicant's Full Legal Name (Last, First, Middle): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
Street City ST ZIP

Business Phone No. ( ) - ( ) - ( )	Residential Phone No. ( ) - ( ) - ( )	Mobile Phone No. ( ) - ( ) - ( )
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Applicant's Social Security Number - - - - -	Issuing State/Driver's License Number -	Applicant's Email Address: -
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Race	Sex	Date of Birth (mm/dd/yyyy) / /	Place of Birth (City, State, Country)
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2. List residential addresses for the past three (3) years starting with current address. (If additional space is needed, please attach a list with the following information.)

Number and Street	City, State, ZIP	From (mm/yyyy)	To (mm/yyyy)
		/	<b>PRESENT</b>
		/	/
		/	/

3. Are you a U.S. citizen?     YES     NO

If "NO", what is your legal status in the United States? Explain below, or attach a page with information. Attach copies of all documents such as Visa, Resident Alien, Employment Authorization Documents, etc.

**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 penitentiary 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 this document 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.

By signing below, I authorize the Texas Alcoholic Beverage Commission to conduct a criminal history background check. **If you have not lived in Texas for the previous 12 months, you are required to provide TABC with a certified copy of your criminal background check from the state police or FBI of any state where you lived in the previous five years.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signature

**BEFORE ME**, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the person whose name is signed to the foregoing document personally appeared and duly sworn by me, each states under oath that he or she has read the said document and that all facts therein set forth are true and correct.

**SIGN HERE:** \_\_\_\_\_  
**NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS**

CH - Date Entered / /		<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Disapproved</b>
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Signature