



TEXAS ALCOHOLIC BEVERAGE COMMISSION
Texas: Helping Businesses & Protecting Communities

**TEXAS ALCOHOLIC BEVERAGE COMMISSION
 APPLICATION FOR APPROVAL OF LABELS FOR
 DISTILLED SPIRITS**

(512) 206-3410

www.tabc.texas.gov

label.approval@tabc.texas.gov

****Please visit our website for current processing times.****

TABC is now offering online label approval.

INSTRUCTIONS

(1) Prepare application and mail to the TABC, 5806 MESA DRIVE, AUSTIN, TX 78731. Separate applications will be required for each COLA as required by the Department of Treasury (TTB). Incomplete applications will be returned.

(2) A legible copy of the Federal COLA issued by the TTB must be stapled behind each application. If the image of the label on the Federal COLA is not legible, attach actual labels or exact color images of all labels on the product (attach labels to the back of this page or use an additional page).

(3) **APPROVAL OF THIS LABEL DOES NOT SIGNIFY COMPLIANCE WITH TABC'S CODE AND RULES**

(4) A **non-refundable** processing fee of **\$25.00** (twenty-five dollars) is required per application (Payable to: TABC or Texas Alcoholic Beverage Commission).

(5) Nonresident Seller Permittee must be the Primary American source of supply (TABC Code Sec. 37.10) for the brand being registered. Proof, such as a letter of authorization, that a permittee is the primary American source of supply of the product or brand for purposes of Section 37.10 must be accompanied with the application. (TABC Code Sec. 101.671)

****A certificate of approval will be emailed when processing is complete. Product may not be shipped into the state prior to approval.****

TABC requests for missing or incorrect information must be received within 10 days of request or applications will be withdrawn.

Date: _____

TABC PERMIT NO.:
 (Nonresident Seller or TX Distiller)

Nonresident Seller (S)

or TX Distiller (D)

(Label Applications will not be accepted unless applicant holds an **active** TABC Nonresident Seller's or Distiller's Permit)

TRADE NAME: _____

MAILING ADDRESS: _____

CONTACT NAME: _____

CONTACT PHONE NO.: _____

E-MAIL ADDRESS: _____

Description of Label:

Brand Name: _____

Class/Type : _____

Alcohol Content: _____

Container Size(s): _____

AFFIRMATION: I, (name) _____, am over the age of 18 years old and have the authority to act on behalf of the above listed permit holder. I declare under penalty of perjury that the foregoing is true and correct.

Executed in (City or County) _____, (State/Country) _____

SIGNATURE OF APPLICANT

TITLE (required)

DATE