



LOCATION PACKET FOR RETAILERS

L-L
(11/2017)

This Location packet (L-L) should be completed by all retailers submitting an original, reinstatement, and/or change of location application. This packet (L-L) along with the Prequalification Packet (L-ON) or (L-OFF) must be submitted to your local TABC office.

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

1. Application for:	Original	
	Reinstatement	License/Permit Number _____
	Change of Licensed Location	License/Permit Number _____
2. Trade Name of Location		
3. Location Address		
4. Business Entity Name/Applicant		
5. Federal Employer Identification Number (FEIN)		

INITIAL INFORMATION

6. Do you currently hold an active license/permit issued under the above FEIN?	Yes	No
If "YES," provide your most recently issued license/permit number. _____		
If "NO," you must complete the Business Packet (L-B) .		
7. If you hold a current and active license/permit under the above FEIN has there been a change in the ownership or business structure since the submission of your last application?	Yes	No
If "YES," you must complete the Business Packet for Reporting Changes (L-BRC) in its entirety.		

OWNERSHIP/LEASE/SUBLEASE/MANAGEMENT INFORMATION

8. Does the applicant own the land and building at this proposed licensed location?	Yes	No
If "NO," please complete Owner of Property (L-OP) .		
NOTE: Be prepared to provide additional information (such as a copy of your lease) if requested.		
9. If operating under a lease at this location, indicate:		
Expiration date(s)/Options _____		
Monthly rental amount \$ _____		
Other fees and payments to landlord _____		
10. Are you operating under any concession, service or management agreement(s) that contain terms for services or management beyond property rental?	Yes	No
If "YES," complete Sublessor (L-SL) , indicate the following, and attach copy of agreement(s):		
Expiration date(s)/Options _____		
Monthly fee \$ _____		
If you have a sublessor that differs from the management company enter sublessor name below and complete Form L-SL.		
Sublessor Name _____		
11. Do you or anyone else at the location operate under a franchise agreement?	Yes	No
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? Yes No		

12. Do you share the premises with another business entity? Yes No
 If “**YES**,” indicate the tradename(s) of business(es) and sales and use tax number(s) for other business(es):
 Trade Name _____
 Sales & Use Tax Number _____

13. Are there any agreements, excluding questions 9, 10 & 11, which involve alcohol in any way?
 Yes No
 If “**YES**,” attach a copy of agreement.

SALES AND LOCATION INFORMATION

14. Provide projected sales data or actual sales data for the 12 months preceding this application.
 Sales Year (YYYY) 20_____

Alcoholic Beverage Sales \$ _____

Food Sales \$ _____

Other Sales \$ _____

Total Sales \$ _____

15. Is the proposed location in a hotel or motel? Yes No

16. Will the license/permit embrace the entire location address? Yes No
 If “**NO**,” attach a diagram of your premise as required by Section 11.49. ***Be advised the location will be inspected prior to approval of your application.***

FINANCE INFORMATION

17. Enter the total amount of investment from all sources for this location. \$ _____
 Please be prepared to provide copies of all documents related to the financing of this location.

18. 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.

SSN or FEIN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount \$
Name, Corporation, Partner/Officer		Terms	
SSN or FEIN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount \$
Name, Corporation, Partner/Officer		Terms	
SSN or FEIN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount \$
Name, Corporation, Partner/Officer		Terms	

(If more space is needed, attach additional page.)

MEASUREMENT INFORMATION

19. Making measurements from the door where the public enters your establishment to the nearest property line of a private/public school, will this location be within 1,000 feet of a private/public school?

Yes No

If **"YES,"** written notice of this application must be given to the school officials and a copy of the notice must be provided with this application as required by Section 109.33(c).

20. Is any property line of your premises within 300 feet of a residential address or established neighborhood association? Yes 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, notify each residential address and established neighborhood association.

Submit a copy of the completed notice along with a list of all addresses notified; as required by Section 11.393 and 61.38

NOTE: A Sample of the notice can be found in Exhibit III of the Application Guide for Retailers.

ON-PREMISE LICENSES AND PERMITS ONLY

MEASUREMENT INFORMATION FOR APPLICANTS IN MUNICIPALITIES WITH A POPULATION OF 1.5 MILLION OR MORE ACCORDING TO THE LAST FEDERAL CENSUS

21. Will your business be located within 300 feet of residence, church, school, day care or social service facility when measuring in a straight line from the nearest point of the property line of the proposed location to the nearest point of the property line of any of these facilities? Yes No

If **"YES,"** will 75% or more of the applicant's actual or anticipated gross revenue from the sale of alcoholic beverages? Yes No

If **"YES,"** to both of the questions; you must notify all tenants or property owners of your intent to apply for an alcohol beverage license/permit within five days of the filing of an original application. Has such notice been given as required by Section 11.52? Yes No

BREW PUB (BP) Only

22. Do you, the applicant, intend to sell your alcoholic product directly to other retailers? Yes No

23. Do you, the applicant, intend to sell your alcoholic product to wholesalers/distributors? Yes No

24. Will you, the applicant, be engaged in the business of brewing and packaging malt liquor, ale or beer in quantities sufficient to operate a brewpub not later than 6 months after the date of issuance of the original license? Yes No

WARNING AND SIGNATURE

If Applicant Is/Must Sign

Individual/Individual Owner	Corporation/Officer
Partnership/Partner	Limited Liability Company/ Officer or Manager
Limited Partnership/General Partner	

EACH LICENSEE OR PERMITEE SHALL HAVE EXCLUSIVE OCCUPANCY AND CONTROL OF THE ENTIRE LICENSED LOCATION WITH RESPECT TO THE SALE OF ALCOHOLIC BEVERAGES. ANY ARRANGEMENT THAT SURRENDERS SUCH CONTROL OF THE EMPLOYEES, PREMISES OR BUSINESS, INCLUDING PROFITS AND LOSSES, TO PERSONS OTHER THAN THE LICENSEE OR PERMITEE IS UNLAWFUL.

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 PROVIDED ARE CORRECT.

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