

Business Packet for Reporting Changes

The Business Packet for Reporting Changes (L-BRC) must be completed if there has been any change within your current business structure or applying for a change of class. This packet includes the following forms:

- L-C (Corporation, Trust, City, County or University)
- L-LLC (Limited Liability Company)
- L-P (Partnership)
- L-PHS (Personal History Sheet) – For any new officer, director, manager or majority stockholder/member/partner to your entity. Note: This form (L-PHS) is not required for holders of an **S**, **U**, **BS** and **DS**.

Submit your completed packet to your local TABC office. To find your local office access our website at www.tabc.texas.gov/contact_us/local_field_office.asp

If you are a holder of an **S**, **U**, **BS** or **DS**, submit your application directly to TABC, PO Box 13127 Austin TX 78711-3127. For questions and/or assistance contact licensing@tabc.texas.gov or by phone at 512-206-3360.

Type of Change:

- **Officers, Manager, Director, Stockholder, Member or Trustee/Beneficiary:** Depending on your business type, complete any/all of the following: L-BRC, L-C, L-LLC and/or L-P. A complete business structure must be disclosed on these forms. Personal history sheets (L-PHS) must be completed for any new officer, director, manager or majority stockholder/member/partner to your entity.
- **Change of Business Entity:** Complete the entire Business Packet for Reporting Changes (L-BRC, L-C, L-LLC and/or L-P) for each location affected by the change. TABC requires 10 days prior notice of the change. A Personal History Sheet(s) (L-PHS) for each new individual to your entity and a \$100.00 fee will be required for each location. Review Section 11.12, of the Texas Alcoholic Beverage Code, for qualification and additional requirements. Your current License/Permit will need to be submitted with your application.
- **Merger:** Complete entire Business Packet for Reporting Changes (L-BRC, L-C, L-LLC and/or L-P), The merger must be reported within 10 days of the occurrence, a \$100.00 fee per each location, and an affidavit including all tradenames and locations with license/permit numbers affected must be included. Complete Personal History Sheets (L-PHS) for new individuals to your entity. Your current License/Permit will need to be submitted with your application.
- **Conversion:** Complete the entire Business Packet for Reporting Changes (L-BRC, L-C, L-LLC and/or L-P), attach the certificate of conversion, and an affidavit including all tradenames and locations with license/permit numbers. Complete Personal History Sheets (L-PHS) for new individuals to your entity. Your current License/Permit will need to be submitted with your application.
- **Change of Class (for change of class only):** Complete form (L-BRC) pages 1 and 2 (that apply to your change) and submit any fees required. Your current License/Permit will need to be submitted with your application.
- **Consolidation (Package Store Only):** Complete the entire Business Packet for Reporting Changes (L-BRC, L-C, LLC, and/or L-P), attach the letter of intent to consolidate (consanguinity letter) and a Personal History Sheet (L-PHS) must be completed for new individuals to your entity.



You must complete the entire Business Packet for Reporting Changes according to your changes as outlined on the instruction sheet (L-BRCI). Select appropriate entity pages. Personal history sheets (L-PHS) must be completed for any new officer, director, manager or majority stockholder/member/partner.

All statutory references mentioned in this application refer to and can be found in the Texas Alcoholic Beverage Code located on our website. www.tabc.texas.gov/laws/code_and_rules.asp

INDICATE ALL CHANGE(S) YOU ARE REPORTING WITH THIS APPLICATION

1. Current License/Permit No.	2. Contact Phone Number	3. Email Address
4. Type of Change <input type="checkbox"/> Officer, Manager, Director, Stockholder, Member <input type="checkbox"/> Merger <input type="checkbox"/> Partner (limited or general) <input type="checkbox"/> Conversion <input type="checkbox"/> Trustee/Beneficiary <input type="checkbox"/> Consolidation (Package Store Only) <input type="checkbox"/> Change of Business Entity <input type="checkbox"/> Other _____		
5. Effective Date of above change (MM/DD/YYYY)		
6. Are you applying for a change of class? Yes No If "YES," indicate type of change: FROM Wine and Beer Retailer's Permit (BG) TO Wine and Beer Retailer's Off-Premise Permit (BQ) FROM Beer Retailer's On-Premise License (BE) TO Beer Retailer's Off-Premise License (BF)		

OWNER INFORMATION

7. Owner of Business on Current License/Permit	8. Federal Employer Identification No. (FEIN)
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OWNER INFORMATION (ONLY FOR CHANGE OF BUSINESS ENTITY, MERGER, AND CONVERSION)

9. Type of Owner

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

BUSINESS INFORMATION

10. Has any person listed in this Business Packet, or his or her spouse, been finally convicted or received deferred adjudication for any of the following offenses? Yes No

If **"YES,"** indicate type of offense and attach an explanation:

- any felony offense
- prostitution
- bookmaking
- gambling or gaming
- bootlegging
- vagrancy offense involving moral turpitude
- any offense involving dangerous drugs, synthetic cannabinoids or controlled substances as defined in Texas Controlled Substances Act
- any offense involving firearms or a deadly weapon
- more than three violations of the Texas Alcoholic Beverage Code relating to minors
- violations of the Texas Alcoholic Beverage Code resulting in a criminal fine of \$500
- violations of an individual's civil rights or discrimination against an individual on the basis or race, color, creed or national origin

If **"YES,"** has it been five years since the termination of a sentence, parole or probation served for any offenses indicated above? Yes No

If **"NO,"** attach an explanation.

11. Has any person listed in this Business Packet, or his or her spouse, had a cancellation of a license or permit in the past five years? Yes No If **"YES,"** attach an explanation.

The applicant, license/permit holder, agent, servant or employee may not directly or indirectly have any overlapping ownerships or other prohibited relationships (including unfair competition and unlawful trade practices) between those engaged in the alcoholic beverage industry at different levels, that is, between a manufacturer and a wholesaler or retailer, or between a wholesaler and a retailer, as the words "wholesaler," "retailer," and "manufacturer" are ordinarily used and understood, regardless of the specific names given a license/permit. Reference Chapter 102 et seq.

12. Is any person, involved in this application, in violation of the above requirements? Yes No
 If "YES," attach an explanation.

**COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE
 (FOR CHANGE OF ENTITY ONLY)**

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.

Sales Tax Permit Number _____ Outlet Number _____

Print Name of Comptroller Employee _____

Print Title of Comptroller Employee _____

SIGN HERE _____ FIELD OFFICE _____

S E A L

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 PERMITTEE SHALL HAVE EXCLUSIVE OCCUPANCY AND CONTROL OF THE ENTIRE LICENSED LOCATION WITH RESPECT TO 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 PERMITTEE 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 TO THIS PACKET.

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



CORPORATION

This Corporation form should be completed for original applications or for changes of officers, directors, stockholders, trustees, and beneficiaries holding ownership in this business. This form is included in the Business Packet (L-B) for new applicants. License/Permit holders reporting changes use Business Packet for Reporting Changes (L-BRC).

For more information contact your local TABC office or visit us at: www.tabc.texas.gov

ENTITY INFORMATION

1. Federal Employer Identification Number (FEIN)

2. Business Entity Name

3. Filing Number

4. Date Filed (mm/dd/yyyy)

State

Class and Number of Shares Issued

CORPORATE OWNERSHIP INFORMATION

Officer Director Stockholder Trustee Beneficiary

SSN Out of Country Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

Last Name

First Name

MI

Title

Officer Director Stockholder Trustee Beneficiary

SSN Out of Country Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

Last Name

First Name

MI

Title

Officer Director Stockholder Trustee Beneficiary

SSN Out of Country Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

Last Name

First Name

MI

Title

Officer Director Stockholder Trustee Beneficiary

SSN Out of Country Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

Last Name

First Name

MI

Title

CORPORATE OWNERSHIP INFORMATION *CONTINUED*

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary				
SSN <input type="checkbox"/> Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name	First Name		MI	Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary				
SSN <input type="checkbox"/> Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name	First Name		MI	Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary				
SSN <input type="checkbox"/> Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name	First Name		MI	Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary				
SSN <input type="checkbox"/> Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name	First Name		MI	Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary				
SSN <input type="checkbox"/> Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name	First Name		MI	Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary				
SSN <input type="checkbox"/> Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name	First Name		MI	Title

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



LIMITED LIABILITY COMPANY

This Limited Liability Company form should be completed for original applications or for changes of officers, managers, and members holding ownership in this business. This form is included in the Business Packet (L-B) for new applicants. License/Permit holders reporting changes use the Business Packet for Reporting Changes (L-BRC). For individuals outside the United States, not holding a social security number check the "Out of Country" box.

For more information contact your local TABC office or visit us at: www.tabc.texas.gov

ENTITY INFORMATION

1. Federal Employer Identification Number (FEIN)

2. Business Entity Name

3. Filing Number

4. Member Managed or Manager Managed

Member Managed Manager Managed

5. Date Filed (mm/dd/yyyy)

State

Class and Number of Memberships or Units Issued

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION

Officer Manager Member

SSN Out of Country

Issuing State/DL No.

Date of Birth (mm/dd/yyyy)

Membership or Units Held

Last Name

First Name

MI

Title

Officer Manager Member

SSN Out of Country

Issuing State/DL No.

Date of Birth (mm/dd/yyyy)

Membership or Units Held

Last Name

First Name

MI

Title

Officer Manager Member

SSN Out of Country

Issuing State/DL No.

Date of Birth (mm/dd/yyyy)

Membership or Units Held

Last Name

First Name

MI

Title

Officer Manager Member

SSN Out of Country

Issuing State/DL No.

Date of Birth (mm/dd/yyyy)

Membership or Units Held

Last Name

First Name

MI

Title

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION *CONTINUED* Officer Manager MemberSSN Out of Country Issuing State/DL No. Date of Birth (mm/dd/yyyy) Membership or Units Held

Last Name First Name MI Title

 Officer Manager MemberSSN Out of Country Issuing State/DL No. Date of Birth (mm/dd/yyyy) Membership or Units Held

Last Name First Name MI Title

 Officer Manager MemberSSN Out of Country Issuing State/DL No. Date of Birth (mm/dd/yyyy) Membership or Units Held

Last Name First Name MI Title

 Officer Manager MemberSSN Out of Country Issuing State/DL No. Date of Birth (mm/dd/yyyy) Membership or Units Held

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Last Name First Name MI Title

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Last Name First Name MI Title

 Officer Manager MemberSSN Out of Country Issuing State/DL No. Date of Birth (mm/dd/yyyy) Membership or Units Held

Last Name First Name MI Title

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



PARTNERSHIP

This Partnership form should be completed for original applications or for changes of partnerships, limited partnerships, limited liability partnerships, and joint ventures holding ownership in this business. This form is included in the Business Packet (L-B) for new applicants. License/Permit holders reporting changes use Business Packet for Reporting Changes (L-BRC). For individuals outside the United States, not holding a social security number check the "Out of Country" box.

For more information contact your local TABC office or visit us at: www.tabc.texas.gov

ENTITY INFORMATION

1. Federal Employer Identification Number (FEIN).

2. Business Entity Name

3. Filing Number

4. Date Filed (mm/dd/yyyy)

State

PARTNERSHIP INFORMATION

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
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Last Name

First Name

MI

Title

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
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Last Name

First Name

MI

Title

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
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Last Name

First Name

MI

Title

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
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Last Name

First Name

MI

Title

PARTNERSHIP INFORMATION *CONTINUED*

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
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Last Name	First Name	MI	Title
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General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
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Last Name	First Name	MI	Title
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General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
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Last Name	First Name	MI	Title
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General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
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Last Name	First Name	MI	Title
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General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
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Last Name	First Name	MI	Title
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General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
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Last Name	First Name	MI	Title
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General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
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Last Name	First Name	MI	Title
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IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



PERSONAL HISTORY SHEET

Answer all questions. Any false statement will disqualify you and subject you to prosecution under section 101.69 of the Texas Alcoholic Beverage Code and other criminal statutes.

APPLICANT

1. Trade Name: _____

2. Location Address: _____

3. Applicant's Marital Status: Single Married Divorced Widowed

4. Applicant's Social Security Number	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy)			
Applicant's Full Legal Name (Last, First, Middle)		Place of Birth (City, State, Country)			
Applicant's Email Address					
Race	Sex	Height	Weight	Hair Color	Eye Color

APPLICANT'S SPOUSE

5. Spouse's Social Security Number Issuing State/ Driver License Number Date of Birth (mm/dd/yyyy)

Spouse's Full Legal Name (Last, First, Middle) Place of Birth (City, State, **Country**)

Race	Sex	Height	Weight	Hair Color	Eye Color
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OTHER RESIDENT

6. Do you live with anyone over the age of 18, other than your spouse? 6. YES NO
 If "YES," please provide their information below: *(If additional space is needed, please attach a page with information.)*

Social Security Number	Issuing State/ Driver License No.	Date of Birth (mm/dd/yyyy)	Relationship
Full legal name (Last, First, Middle)		Race	Sex

RESIDENTIAL ADDRESSES

7. List residential addresses for the past five (5) years starting with current address.
If you have not lived in Texas for the previous 12 months, you are required to provide TABC with an official copy of your criminal background check from the state police or FBI of any state where you lived in the previous five years.
(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)
			PRESENT

8. Business Phone No. Residential Phone No. Mobile Phone No. (optional)

RESIDENT STATUS

9A. Are you a U.S. citizen? YES NO

B. If "YES," answer the following:
 Native Born Naturalized. If "Naturalized," Provide the "A" Number _____

C. If "NO," answer the following: What is your legal status in the United States? Explain below, or attach a page with information.

D. Provide all documents such as Visa, Resident Alien, Employment Authorization Documents, etc.

TABC USE ONLY	APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO	SPOUSE (BE/BG ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
	CH - Date Entered / /	Supervisor's Signature	Destroy Date / /

EMPLOYMENT HISTORY

10. List employment for the *past five (5) years* beginning with your current employer. Indicate periods of unemployment or retirement, including dates. If retired, include name of company from which you retired and the position you held. Also indicate if not employed outside your home.
(If additional space is needed, attach a separate sheet.)

Name of Employer	Address (Street, City, State, ZIP)	Position Held	From (mm/yyyy)	To (mm/yyyy)
				PRESENT

INDIVIDUAL FINANCIAL INFORMATION

11. List the total amount of **your** personal investment in this location. Provide investment details including notes, loans, gifts, cash, services or equipment, and operating capital. Account for the original source of all investments (how acquired). Enter total dollar amount on the line of the amount invested column.
(If additional space is needed, attach a separate sheet.)

NOTE: If investment is in the form of a loan or gift, attach name of lender or financial institution, address, terms and security and loan/gift documents. If from an individual, attach personal information for all individuals including: name, social security and driver license numbers, date of birth, race, sex, etc.

Amount Invested	Original Source of Investment (loans, previous employment, etc).
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	TOTAL AMOUNT OF PERSONAL INVESTMENT

SIGN AND NOTARIZE APPLICATION

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."

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.

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: _____

(S E A L)

Notary Public