



# TEXAS ALCOHOLIC BEVERAGE COMMISSION

*Texans Helping Businesses & Protecting Communities*

## WHOLESALER'S DISTRIBUTOR'S MANUFACTURER'S PREQUALIFICATION PACKET

L-W (9/2019)

**Submit this packet to the proper governmental entities to obtain certification for the type of license/permit for which you are applying as required by Sections 11.37, 11.39, 11.46(b), 61.37, 61.38, 61.42 and Rule §33.13**

**Contact your local TABC office to verify requirements of Sections 11.391 and 61.381 as you may be required to post a sign at your proposed location 60-days prior to the issuance of your license/permit.**

*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](http://www.tabc.texas.gov/laws/code_and_rules.asp)*

### LOCATION INFORMATION

1. Application for: ☐ Original ☐ Add a Subordinate License/Permit Number \_\_\_\_\_  
☐ Reinstatement ☐ Reinstatement and Change of Trade Name License/Permit Number \_\_\_\_\_  
☐ Change of Location ☐ Change of Location and Trade Name License/Permit Number \_\_\_\_\_

2. Type of Wholesaler's, Distributor's, and Manufacturer's License/Permit

- |                                                                                 |                                                                                                      |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>W</b> Wholesaler's Permit                           | <input type="checkbox"/> <b>J</b> Bonded Warehouse Permit                                            |
| <input type="checkbox"/> <b>X</b> General Class B Wholesaler's Permit           | <input type="checkbox"/> <b>JD</b> Bonded Warehouse Permit (Dry Area)                                |
| <input type="checkbox"/> <b>O</b> Private Carrier's Permit                      | <input type="checkbox"/> <b>BB</b> General Distributor's License                                     |
| <input type="checkbox"/> <b>L</b> Private Storage Permit                        | <input type="checkbox"/> <b>BC</b> Branch Distributor's License                                      |
| <input type="checkbox"/> <b>K</b> Public Storage Permit                         | <input type="checkbox"/> <b>BI</b> Importer's License                                                |
| <input type="checkbox"/> <b>GS</b> Winery Storage Permit                        | <input type="checkbox"/> <b>BJ</b> Importer's Carrier's License                                      |
| <input type="checkbox"/> <b>GF</b> Winery Festival Permit                       | <input type="checkbox"/> <b>BA</b> Manufacturer's License – allows on-premise consumption            |
| <input type="checkbox"/> <b>DA</b> Brewer's Self Distribution Permit            | <input type="checkbox"/> <b>B</b> Brewer's Permit – allows on-premise consumption                    |
| <input type="checkbox"/> <b>DB</b> Manufacturer's Self Distribution License     | <input type="checkbox"/> <b>D</b> Distiller's and Rectifier's Permit – allows on-premise consumption |
| <input type="checkbox"/> <b>G</b> Winery Permit – allows on-premise consumption |                                                                                                      |

3. Trade Name of Location (Name of distribution company, distillery, etc.)

4. Location Address of Primary Permit

City	County	State	Zip Code
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5. Mailing Address	City	State	Zip Code
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6. Business Phone No.	Alternate Phone No.	E-mail Address
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### OWNER INFORMATION

7. Type of Owner

- |                                              |                                                        |                                        |
|----------------------------------------------|--------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Individual          | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Partnership         | <input type="checkbox"/> Corporation                   | <input type="checkbox"/> Trust         |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Other _____   |

8. Owner of Business/Applicant (Name of Corporation, LLC, etc.)

### PRIMARY CONTACT PERSON

The primary contact person 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 contact person. **Delays in responding to requests may delay the processing and approval of your license/permit.**

9. Contact Person:	Relation to Business:
Phone (mandatory):	Email (mandatory):

TABC DATESTAMP

10. Are you, the applicant a veteran-owned business? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
11. Are you, the applicant a Historically Underutilized Business (HUB)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
13. If Applicant is:		Who Must be Listed Below: (attach L-OIC if additional space is needed).	
Individual		Individual Owner	
Partnership		All Partners	
Limited Partnership		All General Partners	
Corporation		All Officers	
Limited Liability Company		All Officers or Managers	
Joint Venture		Venturers	
Trust		Trustee(s)	
Last Name		First Name	MI Title
Last Name		First Name	MI Title
Last Name		First Name	MI Title
<b>DISTILLER'S/RECTIFIER'S PERMIT (D), BREWER'S PERMIT (B), MANUFACTURER'S LICENSE (BA)</b>			
<b>60-DAY SIGN INFORMATION</b>			
14. As required under Section 11.391 and 61.381, enter the exact date this sign was posted at your location.			Exact Date (MM/DD/YYYY)
15. Does the applicant, intend to sell for on-premise consumption during the life of this license/permit? <input type="checkbox"/> Yes <input type="checkbox"/> No This permission will not be allowed without city/county certification to sell for on-premise consumption.			
<b>DISTILLERS (D)</b>			
16. Does the applicant, intend to sell commemorative bottles for off-premise consumption? <input type="checkbox"/> Yes <input type="checkbox"/> No This permission will not be allowed without city/county certification to sell for on-premise consumption.			
<b>MEASUREMENT INFORMATION</b>			
Section 109.31 et. seq			
17. Will your business be located within 300 feet of a church or public hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>NOTE:</b> For churches or public hospitals measure from front door to front door, along the property lines of the street fronts and in a direct line across intersections.			
18. Will your business be located within 300 feet of any private/public school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>NOTE:</b> For private/public schools measure in a direct line from the nearest property line of the school to the nearest property line of the place of business, and in a direct line across intersections.			
<b>NOTE:</b> If located on or above the fifth story of a multistory building: measure in a direct line from the property line of the private/public school to property line of your place of business in a direct line across intersections vertically up the building at the property line to the base of the floor on which your business is located.			
<b>PUBLIC STORAGE PERMIT (K) OR WINERY STORAGE PERMIT (GS)</b>			
If applying for a <b>Public Storage Permit (K)</b> or <b>Winery Storage Permit (GS)</b> include the Bonded Warehouse Permit (J) or Bonded Warehouse Permit (Dry Area) (JD) number. A <b>Public Storage permit (K)</b> may only be issued in the same county as your primary permit as per Section 45.03.			
19. Name of Public or Winery Storage Facility			
20. For Public Storage: Bonded Warehouse Permit <b>J -</b>		21. For Winery Storage: Bonded Warehouse Permit (Dry Area) <b>JD -</b>	
22. Location Address of Storage Facility:			
City:	County:	State:	Zip:
<b>PRIVATE STORAGE PERMIT (L)</b>			
If applying for a <b>Private Storage Permit (L)</b> complete question 23. A <b>Private Storage Permit (L)</b> may only be issued in the same county as your primary permit as per Section 45.03.			
For the location address of the <b>Private Storage Permit (L)</b> indicate owner of the property on <b>Owner of Property</b> form (L-OP).			
23. Location Address of Private Storage Permit			
City	County	State	Zip Code

## ALL APPLICANTS

### 24. CHECK HERE IF NOT IN CITY LIMITS ☐

I, the applicant, have confirmed I am not located in the city limits of any city and therefore all city certificates are not required.

### COMPLETE THE FOLLOWING CHECKLIST BEFORE SUBMITTING YOUR APPLICATION

**Per Sec. 102.01**, a tied house is defined as any overlapping ownership between those engaged in the alcoholic beverage industry at different levels of the three-tier system. No person having an interest in a permit issued by TABC may secure or hold, directly or indirectly, an ownership interest in a business on a different level.

All required forms have been completed.

I have reviewed all forms to ensure they are complete.

I have obtained all required local and state certifications (pages 3-5).

All application packets have been notarized.

Phone numbers and email address for Contact Person are up to date.

All additional documentation as required by the application packets is attached

If required, out of state criminal history checks are attached (PHS #7).

Certification of publication in local newspaper has been completed (page 5).

A copy of the newspaper publication is attached (page 5).

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

### WARNING AND SIGNATURE

#### If Applicant Is/Must Sign

Individual

Individual Owner

Partnership

Partner

Limited Partnership

General Partner

Corporation

Officer

Limited Liability Company

Officer or Manager

**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

SEAL

**CONTINUED ON PAGE 4**

**CERTIFICATE OF CITY SECRETARY FOR: (W, X, G, J, BB, BC & BI)**

I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that the location for which the license/permit is sought is inside the boundaries of this city or town, in a “wet” area for such license/permit excluding wineries, and not prohibited by charter or ordinance in reference to the sale of such alcoholic beverages.

SIGN  
HERE \_\_\_\_\_, TEXAS  
City Secretary/Clerk City

**S E A L****CERTIFICATE OF CITY SECRETARY FOR: (B, D & BA)**

I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that the location for which the license/permit is sought is inside the boundaries of this city or town, in a “wet” area for such license/permit excluding wineries, and not prohibited by charter or ordinance in reference to the sale of such alcoholic beverages, and

☐ does ☐ does not

allow for on-premise consumption and

☐ does ☐ does not

allow for off-premise consumption in accordance with 501.035 of the Election Code.

SIGN  
HERE \_\_\_\_\_, TEXAS  
City Secretary/Clerk City

**S E A L****CERTIFICATE OF CITY SECRETARY FOR: (L & K)****ADDRESS FOR STORAGE PERMITS AND MANUFACTURER’S WAREHOUSE LICENSE**

☐ CHECK HERE IF NOT IN CITY LIMITS

I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that the location for which the license/permit is sought is inside the boundaries of this city or town, in a “wet” area for such license/permit, and not prohibited by charter or ordinance in reference to the sale of such alcoholic beverages.

SIGN  
HERE \_\_\_\_\_, TEXAS  
City Secretary/Clerk City

**S E A L****CERTIFICATE OF COUNTY CLERK FOR: (W, X, G, J, BB, BC & BI)**

I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that the location for which the license/permit is sought is in a “wet” area for such license/permit excluding wineries, and is not prohibited by any valid order of the Commissioner’s Court.

SIGN  
HERE \_\_\_\_\_ COUNTY  
County Clerk

**S E A L**

**CERTIFICATE OF COUNTY CLERK FOR: (B,D & BA)**

I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that the location for which the license/permit is sought is in a “**wet**” area for such license/permit excluding wineries, and is not prohibited by any valid order of the Commissioner’s Court, and

☐ does ☐ does not

allow for on-premise consumption and

☐ does ☐ does not

allow for off-premise consumption in accordance with 501.035 of the Election Code.

SIGN  
HERE \_\_\_\_\_ COUNTY  
County Clerk

**S E A L**

**CERTIFICATE OF COUNTY CLERK FOR: (L & K)  
ADDRESS FOR STORAGE PERMITS AND MANUFACTURER’S WAREHOUSE LICENSE**

I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that the location for which the license/permit is sought is in a “**wet**” area for such license/permit, and is not prohibited by any valid order of the Commissioner’s Court.

SIGN  
HERE \_\_\_\_\_ COUNTY  
County Clerk

**S E A L**

**COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATES FOR:  
(W, X, B, D, G, BB, BC, BI & BA)**

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**

**PUBLISHER’S AFFIDAVIT FOR: (W, X, B, D, G, BB, BC, BI & BA)**

Name of newspaper		<b>ATTACH PRINTED COPY OF THE NOTICE HERE</b>  <a href="#">Hover over to see example</a>
City, County		
Dates notice published in daily/weekly newspaper (MM/DD/YYYY)		
<i>Publisher or designee certifies attached notice was published in newspaper stated on dates shown</i>		
Signature of publisher or designee		
Sworn to and subscribed before me on this date		
Signature of Notary Public		
<b>S E A L</b>		



**LOCATION INFORMATION**

1. Trade Name of Location

2. Location Address

City

County

State

Zip Code

**OWNER INFORMATION**

3. Type of Owner

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

Last Name

First Name

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Title

Last Name

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