



# INFORMATION AND INSTRUCTION FOR NONRESIDENT SELLER'S PERMIT, NONRESIDENT BREWER'S PERMIT, AND NONRESIDENT MANUFACTURER'S LICENSE

## NONRESIDENT SELLER'S PERMIT (S)

(Wine, Distilled Spirits)- This permit is required of all entities who sell alcoholic beverages containing alcohol in excess of 4% by weight into the State of Texas. The holder of a Nonresident Seller's Permit may only sell to holders of Wholesalers, Local Class B Wholesalers and General Class B Wholesalers Permits in Texas or any other entity authorized to import alcohol into this state, and must ship their products by a common carrier that holds a Carrier's Permit. The State fee is \$300 with a surcharge of \$376 and the permit will expire two years from issue date.

## NONRESIDENT BREWER'S PERMIT (U)

(Ale, Malt Liquor)- This permit is required of the actual manufacturer of the ale or malt liquor before it may be imported into the state or offered for sale. Ale or malt liquor is defined as a malt beverage containing more than 4% alcohol by weight. A Nonresident Brewer's Permit may only be issued to a company that holds a Nonresident Seller's Permit (S) and may only ship his goods into Texas by a common carrier that holds a Carrier's Permit. The State fee is \$3,000 with a surcharge of \$376 and the permit will expire two years from issue date.

## NONRESIDENT MANUFACTURER'S LICENSE (BS)

(Beer)- This license is required of the actual manufacturer of the beer being shipped into this state. Beer is defined as a malt beverage containing  $\frac{1}{2}$  of 1% or more alcohol by volume and not more than 4% of alcohol by weight. The holder of a Nonresident Manufacturer's License may transport beer into Texas by common carrier holding a Carrier's Permit or in motor vehicles owned or leased by the nonresident manufacturer. This beer may only be shipped and sold to holders of an Importer's License. The State fee is \$1,500 with a surcharge of \$576 and the license will expire two years from issue date.

The license/permit covered under this form will be issued for a two-year period. You **MUST** renew for the entire two-year period. The total amount of fees plus surcharges to cover the two-year period **MUST** be paid at the time of renewal. Fees may **NOT** be prorated or refunded. The fee(s) must be submitted in the form of a Certified or Cashier's Check, Money Order or drawn on a United States Bank made payable to the Comptroller of Public Accounts. Surcharges are subject to change annually in September.

Send the original application with the proper fee and surcharges to:

**Texas Alcoholic Beverage Commission**  
**P.O. Box 13127**  
**Austin, TX 78711**

**NOTE:** If you are a party to an alternating brewery proprietorship or a contract brewery arrangement, be advised each entity that is a party to that arrangement/agreement must hold a license/permit at the location where brewing services are conducted.

A business entity that does **NOT** own a fee interest in a manufacturing facility and is a party to an alternating brewery proprietorship or contract brewing arrangement **must** provide a Fee Interest Bond in the amount of \$30,000.00. Forms are available from our web site [www.tabc.texas.gov](http://www.tabc.texas.gov)

Should you desire to employ a salesperson to represent you in Texas, that person must hold the proper license or permit. The individual must hold a Manufacturer's Agent Permit (T) to represent a Nonresident Seller's (S) and Nonresident Brewer's (U) or Agent's Beer License (BK) to represent a Nonresident Manufacturer's (BS). These forms are included in this packet.

## INSTRUCTIONS

A Power of Attorney designating Service Agent on Form L-POA must be mailed directly to the Secretary of State of Texas. Only a Texas resident, 18 years or older, may be appointed as Service Agent. The power of attorney designating Service Agent should indicate the individual named in question 8 on L-NRES.

If you have any questions regarding your application, please contact the Licensing Division of the Texas Alcoholic Beverage Commission at (512) 206-3360.

In addition, it will be necessary to obtain label and product approval for the alcoholic beverage which you will be shipping into the state. Label approval forms are available from our web site at [http://www.tabc.texas.gov/forms/label\\_approval.asp](http://www.tabc.texas.gov/forms/label_approval.asp) Label approval application can be made **AFTER** you have received your permit number.

If you have any questions regarding label and product approval, please contact the Tax Division of the Texas Alcoholic Beverage Commission at (512) 206-3410.



# APPLICATION FOR NONRESIDENT SELLER'S PERMIT (S), NONRESIDENT BREWER'S PERMIT (U), AND NONRESIDENT MANUFACTURER'S LICENSE (BS)

L-NRES  
(01/2018)

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)

<b>TABC Use Only</b>	<b>S</b>	ISSUE DATE	FEE	SURCHARGE
	<b>U</b>			
	<b>BS</b>			

<b>1. APPLICATION FILED FOR:</b> + <b>S</b> NONRESIDENT SELLER'S PERMIT (S) + <b>U</b> NONRESIDENT BREWER'S PERMIT (U) + <b>BS</b> NONRESIDENT MANUFACTURER'S LICENSE (BS)	Registry No.
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<b>2. APPLICATION IS FILED BY:</b> + Individual + Corporation + Limited Liability Company + Other: _____ + Partnership + Limited Partnership + Limited Liability Partnership				
<b>3. Trade Name of Business</b> _____				
<b>4. Location Address</b> _____				
City	County	City/Foreign Country	State	Zip Code (9 digits)
<b>5. Mailing Address</b> _____				
City/Foreign Country      State      Zip Code (9 digits)				
<b>6.</b>				
Area Code + Business Telephone Number	Area Code + Alternate Telephone Number	E-mail Address		

## INDIVIDUAL

<b>7. Social Security Number</b>	Issuing State and Driver License Number	Date of Birth (mm/dd/yyyy)
Full Legal Name (Last, First, Middle)		
Residential Address	City	State      Zip Code ( 9 Digits )

## ALL APPLICANTS

<b>8.</b>	Have you filed a Power of Attorney form (L-POA) with the Texas Secretary of State as required by the Texas Alcoholic Beverage Code Section 37.05? + Yes + No  This form must be filed prior to the issuance of your permit.  Provide below the name, address, phone number and email of the service agent that you have on file with the Secretary of State.
Name:	_____
Address:	_____
Phone Number:	_____
Email:	_____

<b>TABC USE ONLY</b>	PROCESSOR REVIEW DATE	/ /	WRITTEN PROCESS DATE	/ /
	END PROCESS DATE	/ /	PROCESSOR I.D.	/ /

## BUSINESS OWNERSHIP

You must provide the entire ownership including all necessary ownership forms. Select the entity page(s) that coincides with your business structure. All officers, directors, stockholders, trustees, and beneficiaries holding ownership in this business must be disclosed. Use the following forms for your business structure:

- L-C (Corporation, Trust, City, County or University)
- L-LLC (Limited Liability Company)
- L-P (Partnership)

## OWNER INFORMATION

9. Type of Owner/Applicant

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

10. Owner of Business/Applicant

11. Federal Employer Identification No. (FEIN) (*if applicable*)

## BUSINESS INFORMATION

12. Has any person listed in this application, 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.

13. Has any person listed in this application, 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.

## ALL APPLICANTS

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.

14. Is any person, involved in this application, in violation of the above requirements? + **Yes** + **No**

If "YES," attach an explanation.

## FOR NONRESIDENT SELLER'S PERMIT (S) (Distilled Spirits and Wine)

Chapter 37

**NOTE:** Section 37.10(a), (b), and (c) provides:

" (a) No holder of a nonresident seller's permit may solicit, accept, or fill an order for distilled spirits or wine from a holder of any type of wholesaler's or winery permit unless the nonresident seller is the primary source for the brand of distilled spirits or wine that is ordered.

(b) In this section, "primary American source of supply" means the distiller, the producer, the owner of the commodity at the time it becomes a marketable product, the bottler, or the exclusive agent of any of those. To be the "primary American source of supply" the nonresident seller must be the first source, that is the manufacturer or the source closest to the manufacturer, in the channel of commerce from whom the product can be secured by Texas wholesalers and Texas wineries. Except as provided by Subsection (c), a product may have only one primary American source of supply to Texas.

(c) A product may have more than one primary American source of supply to Texas if the product is a wine that is bottled or produced outside of the United States."

15. Is the applicant "the primary American source of supply" for any brands of distilled spirits or wine within the meaning of Section 37.10(a), (b), and (c) of the Texas Alcoholic Beverage Code?

15. + **YES** + **NO**

If "YES," specify the manufacturer and brands of distilled spirits and/or wine.

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

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## FOR NONRESIDENT BREWER'S PERMIT (U) (Malt greater than 4% of alcohol by weight)

Chapter 13

16. Are you, the applicant, the actual manufacturer of ale to be imported into the State of Texas?

16. + **YES** + **NO**

Is location in question 4 the actual manufacturing location of product being shipped into Texas?

17. If "NO," explain activities conducted at location in question 4. \_\_\_\_\_

17. + **YES** + **NO**

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18. Do you, the applicant, contract with another brewery to produce your ale product?

18. + **YES** + **NO**

If "YES," provide the TABC license/permit number of that brewery. \_\_\_\_\_

Is your product brewed at their location? + **YES** + **NO**

19. Do you, the applicant, utilize an alternating proprietorship agreement to produce ale product?

19. + **YES** + **NO**

Provide TABC license/permit numbers at the brewery where you are brewing. \_\_\_\_\_

Is your product brewed at their location? + **YES** + **NO**

## FOR NONRESIDENT MANUFACTURER'S LICENSE (BS)

(Malt 4% or less of alcohol by weight)

Chapter 63

- |  |                       |
|--|-----------------------|
| <b>20.</b> Are you, the applicant, the actual manufacturer of beer to be imported into the State of Texas?   | <b>20. + YES + NO</b> |
| <b>21.</b> Is location in question 4 the actual manufacturing location of product being shipped into Texas?  | <b>21. + YES + NO</b> |
| <b>22.</b> Do you, the applicant contract with another brewery to produce beer product?<br>If "YES," provide the TABC license/permit number of that brewery. _____<br>Is your product brewed at their location? <b>+ YES + NO</b>                | <b>22. + YES + NO</b> |
| <b>23.</b> Do you, the applicant, utilize an alternating proprietorship agreement to produce beer product?<br>If "YES," provide TABC license/permit number of that brewery. _____<br>Is your product brewed at their location? <b>+ YES + NO</b> | <b>23. + YES + NO</b> |

## FOR NONRESIDENT BREWER'S PERMIT (U) AND NONRESIDENT MANUFACTURER'S LICENSE (BS)

- |  |                       |
|--|-----------------------|
| <b>24.</b> If questions 18,19, 22 and/or 23 were answered "YES," do you, the applicant, own a fee interest (ownership) in a brewing facility?<br>If "NO," please submit a Fee Interest Bond which must be on file and approved to issue your renewal.<br><b>Fee Interest Bond</b> form and instructions can be downloaded from <a href="http://www.tabc.texas.gov/forms/">http://www.tabc.texas.gov/forms/</a> | <b>24. + YES + NO</b> |
| <b>25.</b> Do you, the applicant, hold a Brewer's Notice issued by the Alcohol and Tobacco Tax and Trade Bureau of the United States Department of the Treasury?<br>If "YES," provide TTB Brewers Notice Number _____ and <b>attach copy.</b>  | <b>25. + YES + NO</b> |

**WARNING:** Section 101.69 of the Texas Alcoholic Beverage Code is as follows: "...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."

## ACKNOWLEDGMENT

If Applicant is:	Who Must Sign:	PRINT NAME: _____
Individual	Individual Owner	NAME MUST APPEAR AS NAME SHOWN IN QUESTION 7 OR 10.
Partnership	Partner	<b>SIGN HERE:</b> _____ SIGNATURE MUST APPEAR AS NAME SHOWN IN QUESTION 7 OR 10.  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 read the said application and that all the facts therein set forth are true and correct.  <b>SIGN HERE:</b> _____ <div style="text-align: right;">NOTARY PUBLIC</div>
Corporation	Officer	
Limited Partnership	General Partner	
Limited Liability Partnership	General Partner	
Limited Liability Company	Officer or Manager	
<b>(S E A L)</b>		



# POWER OF ATTORNEY DESIGNATING SERVICE AGENT

L-POA  
(01/2018)

KNOW ALL MEN BY THESE PRESENTS:

I, \_\_\_\_\_, as owner/partner/manager/officer of  
 (Individual's Name)

\_\_\_\_\_ located at \_\_\_\_\_  
 (Trade Name of Business) (Address)

\_\_\_\_\_, \_\_\_\_\_  
 (City) (State/Country)

appoint \_\_\_\_\_ of \_\_\_\_\_  
 (Name of Service Agent) (Name of Business/Employer)

located at \_\_\_\_\_, \_\_\_\_\_ Texas,  
 (Address) (City)

a resident of Texas, as my service agent in Texas, as required by the Texas Alcoholic Beverage Code; upon whom notice of a hearing may be served concerning matters, proceedings, hearings and causes involving the refusal, cancellation or suspension of a permit or license issued by the Texas Alcoholic Beverage Commission for the above described entity.

**SIGN HERE:** \_\_\_\_\_  
 Applicant

## ACKNOWLEDGMENT

BEFORE ME, the undersigned authority, on this the \_\_\_\_\_ day of \_\_\_\_\_  
 A.D., \_\_\_\_\_ the person whose name is subscribed to the foregoing instrument as owner, partner, manager or officer personally appeared and acknowledged to me that the matters stated therein are true and that this form was executed for the purpose and consideration therein expressed.

**SIGN HERE:** \_\_\_\_\_  
 Notary Public

## SEAL

## INSTRUCTIONS

1. To obtain a Nonresident Seller's Permit, Nonresident Brewer's Permit or a Nonresident Manufacturer's License, the applicant must file this form with the Texas Secretary of State designating a Texas resident, 18 years or older, as service agent.
2. Your appointed service agent may be a representative of the distributor/wholesaler licensed in the State of Texas.
3. A change in service agent must be reported to this commission within 10 days of the change. Failure to do so may result in administrative action against your permit/license.
4. **The original of this form should be mailed directly to the Secretary of State, Statutory Document Section, P.O. Box 12079, Austin, Texas 78711-2079.**



TEXAS ALCOHOLIC BEVERAGE COMMISSION  
*Keeping Texans Safe & Helping Businesses & Protecting Communities*

# APPLICATION FOR AGENT'S PERMIT (A) AGENT'S BEER LICENSE (BK), MANUFACTURER'S AGENT'S PERMIT (T), AND DISTILLER'S AGENT'S PERMIT (DK)

L-AGENT  
(01/2018)

TABC USE ONLY		ISSUE DATE	FEE	SURCHARGE	LATE FEE
	<b>A</b>				
	<b>BK</b>				
	<b>T</b>				
	<b>DK</b>				

**1A. APPLICATION FILED FOR:**

- A** AGENT'S PERMIT (*Must be 18 yrs. old*)
- BK** AGENT'S BEER LICENSE (*Must be 18 yrs. old*)
- T** MANUFACTURER'S AGENT'S PERMIT (*Must be 18 yrs. old*)
- DK** DISTILLER'S AGENT'S PERMIT (*Must be 21 yrs. old*)

Registry No.

**B. APPLICATION FILED FOR:**

- Original  Notification of New Employer

**C.** Provide current License/Permit No(s) for notification of new employer.

A- \_\_\_\_\_ BK- \_\_\_\_\_ T- \_\_\_\_\_ DK- \_\_\_\_\_

## FOR AGENT

**2.** Social Security Number      Issuing State and Driver License Number      Date of Birth (mm/dd/yyyy)

Full Legal Name (Last, First, Middle)

**3.** Permanent Mailing Address

City    County    State      Zip Code (9 digits)

**4.** Area Code + Business Telephone Number      Area Code + Alternate Telephone Number      E-mail Address

## FOR EMPLOYER(S)

**5.** List the name(s) and address(es) of employer(s). (**If more space is needed, attach additional page.**)  
The person whose name and address appears in Question 2 and 3 is hereby designated as our authorized agent.

Name of License/Permit Holder (Employer):

Name of License/Permit Holder (Employer):

Street Address:

Street Address:

City, County, State, Zip Code:

City, County, State, Zip Code:

License/Permit No. of Wholesaler/Distributor/Manufacturer/Distiller:

License/Permit No. of Wholesaler/Distributor/Manufacturer/Distiller:

Signature of authorized representative of employer:

Signature of authorized representative of employer:

**SIGN HERE:** \_\_\_\_\_

**SIGN HERE:** \_\_\_\_\_

## FOR TABC USE ONLY

WRITTEN PROCESS DATE

/ /

END PROCESS DATE

/ /

## ALL AGENTS

6. Has applicant been convicted of a felony or any provision of the Alcoholic Beverage Code or any rule of the Texas Alcoholic Beverage Commission? 6.  YES  NO   
 If "YES," specify: \_\_\_\_\_
7. Does the applicant or anyone with whom applicant is residentially domiciled have any interest directly or indirectly in the finances, premises, business, equipment or fixtures of a permittee or licensee of a different level in this state? 7.  YES  NO   
 If "YES," specify: \_\_\_\_\_
8. Has applicant loaned, given, or furnished any money, service or any other thing of value to any retailer in this State? 8.  YES  NO   
 If "YES," specify: \_\_\_\_\_

**WARNING:** Section 101.69 of the Texas Alcoholic Beverage Code is as follows: "...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."

## ACKNOWLEDGMENT

**PRINT NAME:** \_\_\_\_\_  
NAME MUST APPEAR AS NAME SHOWN IN QUESTION 2

**SIGN HERE:** \_\_\_\_\_  
SIGNATURE MUST APPEAR AS NAME SHOWN IN QUESTION 2

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 read the said application and that all the facts therein set forth are true and correct.

**SIGN HERE:** \_\_\_\_\_  
NOTARY PUBLIC

**( S E A L )**

## ALL AGENTS INSTRUCTIONS

- LICENSES/PERMITS ARE ISSUED FOR A TWO-YEAR PERIOD. Fees may NOT be prorated or refunded.
- Send the original application with the proper fee and surcharge to the Texas Alcoholic Beverage Commission, P.O. Box 13127, Austin, Texas, 78711. Keep a copy for your record.
- Fees and surcharges shown below must be made payable to the Comptroller of Public Accounts.

Class of Permit or License	State Fee	Surcharge	Total Due
Agent's Permit (A)	\$20.00	\$94.00	\$114.00
Agent's Beer License (BK)	\$20.00	\$94.00	\$114.00
Manufacturer's Agent's Permit (T)	\$20.00	\$94.00	\$114.00
Distiller's Agent's Permit (DK)	\$20.00	\$94.00	\$114.00

- ENSURE YOUR EMPLOYER(S) HAS (HAVE) SIGNED THE APPLICATION IN THE SPACE(S) PROVIDED IN QUESTION 5. THE EMPLOYER MUST HOLD A VALID LICENSE/PERMIT ISSUED BY THE TEXAS ALCOHOLIC BEVERAGE COMMISSION OR MUST BE IN THE PROCESS OF APPLYING FOR SUCH.
- If applying for both Agent's Beer License (BK) and Agent's Permit (A), the license number of the General Distributor's License (BB) or Branch Distributor's License (BC) and permit number of the Wholesaler (W) or General Class B Wholesaler's (X) must be shown. Applicants for a Manufacturer's Agent's Permit (T) must indicate Nonresident Seller's Permit (S) number. Applicants for a Distiller's Agent's Permit (DK) must indicate the Distiller's and Rectifier's Permit number (D).
- You may not hold both a Manufacturer's Agent's Permit (T) and Agent's Permit (A). You may hold a combination of permits/licenses as long as they represent the same tier of the industry.
- All licenses and permits expire 2 years from issue date.





# 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](http://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](http://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

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

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](http://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
-----	----------------	----------------------	----------------------------	---------------------

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
-----	----------------	----------------------	----------------------------	---------------------

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
-----	----------------	----------------------	----------------------------	---------------------

Last Name

First Name

MI

Title

**PARTNERSHIP INFORMATION *CONTINUED***

<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner				
SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
Last Name		First Name		MI    Title
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner				
SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
Last Name		First Name		MI    Title
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner				
SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
Last Name		First Name		MI    Title
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner				
SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
Last Name		First Name		MI    Title
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner				
SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
Last Name		First Name		MI    Title
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner				
SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
Last Name		First Name		MI    Title
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner				
SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
Last Name		First Name		MI    Title

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