



TEXAS ALCOHOLIC BEVERAGE COMMISSION
Texas Helping Businesses & Protecting Communities

**PRIVATE CLUB REGISTRATION PERMITTEE
 ORDER & INVOICE FOR TEMPORARY MEMBERSHIP CARDS**

www.tabc.texas.gov

TABC USE ONLY		
Date: _____	Invoice No.: _____	Register No.: _____
From: _____	Thru _____	Quantity: _____
Amount Received: \$ _____		

INSTRUCTIONS: Prepare an original and one copy of this form. The copy of the form should be retained in your files and the original shall be forwarded to:

**TEXAS ALCOHOLIC BEVERAGE COMMISSION
 PO BOX 13127
 AUSTIN TX 78711-3127**

A completed copy of this form will be returned to you along with the Temporary Membership Cards. When issuing these cards, all information must be typed or printed in ink with the exception of the signature of the person issuing the card. Each card must show: (1) To Whom Issued; (2) Name and Location of the Club; (3) Period of Membership; and (4) Signature and Title of Person Issuing Card. A record of the Temporary Membership Cards issued **must** be made in a permanent record when each card is issued. This record must be maintained on the licensed premises for examination by any representative of the Commission. The permanent record must show: (1) The Date Issued; (2) The Name of the Person to Whom the Card Was Issued; and (3) The Serial Number of the Temporary Membership Card Issued. Any national credit card, which is acceptable to the club, can be used for the \$3.00 fee and payments from the Temporary Member.

****PLEASE ALLOW FIVE (5) BUSINESS DAYS TO PROCESS ORDER****

DATE OF ORDER _____ PERMIT NUMBER **N** _____

TRADE NAME _____

STREET ADDRESS _____ CITY _____

MAILING ADDRESS _____ CITY _____

ZIP CODE _____

NUMBER OF TEMPORARY MEMBERSHIP CARDS ORDERED _____
(IN MULTIPLES OF 50 CARDS ONLY)

MULTIPLY BY STATE FEE X **3.00** _____

PAYMENT DUE WITH ORDER \$ _____

NOTE: Temporary membership cards must be ordered in multiples of fifty (50) cards. Payment of the amount due must accompany this order and must be payable to the Texas Alcoholic Beverage Commission.

Signature of Authorized Representative _____

Phone Number _____