



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

FORM L-DS-1 (01/2018)

INFORMATION AND INSTRUCTIONS FOR OUT-OF-STATE WINERY DIRECT SHIPPER'S PERMIT

OUT-OF-STATE WINERY DIRECT SHIPPER'S PERMIT (DS) – Allows the holder to sell and deliver wine that is produced or bottled by the permittee to an ultimate consumer located in a wet or dry area in the State of Texas. Wine must be delivered by a common carrier that holds a carrier's permit issued by the Texas Alcoholic Beverage Commission. Permittee may not deliver to the same consumer in this state more than nine gallons of wine within any calendar month or more than 36 gallons of wine within any 12-month period; or sell to ultimate consumers more than 35,000 gallons of wine annually. The State fee is \$150 with a surcharge of \$376 and the permit will expire two years from date of issuance.

This permit may only be issued to a person who:

- Does not hold a winery permit in the State of Texas;
- Operates a winery located in the United States and holds all state and federal permits necessary to operate the winery at the permitted location, including the federal winemaker's and blender's basic permit;
- Holds a Texas Sales Tax Permit;
- Expressly submits to personal jurisdiction in Texas state and federal courts and expressly submits to venue in Travis County, Texas, as proper venue for any proceeding that may be initiated by or against the commission; and
- Does not directly or indirectly have any financial interest in a Texas wholesaler or retailer as those terms are used in Section 102.01 of the Alcoholic Beverage Code.

Mail the original application, along with the correct permit fees to the **Texas Alcoholic Beverage Commission, P.O. Box 13127, Austin, Texas 78711**. Make a duplicate copy for your files. The total amount of fees plus surcharges to cover the two-year period **MUST** be paid at the time of application. Fees may **NOT** be prorated or refunded. The fee must be paid with a Cashier's Check, Money Order, or Firm Check from a corporate permittee made payable to the Comptroller of Public Accounts. Personal checks are **not** accepted.

Any questions regarding your Texas Sales Tax Permit, please access the Texas Comptroller's website at www.window.state.tx.us. Should you require additional assistance contact Tax Assistance at (800) 252-5555.

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



APPLICATION FOR OUT-OF-STATE WINERY DIRECT SHIPPER'S PERMIT (DS)

L-DS
(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

TABC USE ONLY	DS -	ISSUE DATE	FEE	SURCHARGE	LATE FEE
		/ /	\$150	\$376	

Registry No.

1. APPLICANT IS FILED FOR:

- Individual
 Corporation
 Limited Liability Company
 Partnership
 Limited Partnership
 Limited Liability Partnership
 Other: _____

2. Trade Name of Business

3. Address of Location (must be U.S. Winery address as shown on TTB Permit.) City State Zip Code (9 digits)

4. Mailing Address City State Zip Code (9 digits)

5. Business Telephone No. Alternate Telephone No. E-Mail Address:

6. Provide the applicant's Texas Sales Tax Permit Number: _____

NOTE: Your application cannot be approved without a valid Texas Sales Tax Permit Number.

7. Does the applicant hold a Winery Permit in the State of Texas? **7. YES NO**

8. Does the applicant operate a winery located in the United States and hold all state and federal permits necessary to operate the winery, including the federal winemaker's and blender's basic permit? **8. YES NO**

If "YES," indicate your TTB Permit Number: _____ **Copy Must be Attached.**

INDIVIDUAL OWNER

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

Full Legal Name (Last, First, Middle)

Permanent Mailing Address City State Zip Code (9 digits)

Residential Address City State Zip Code (9 digits)

TABC USE ONLY	INITIAL APPLICATION INCOMPLETE	ADDITIONAL CORRESPONDENCE	PROCESSOR REVIEW DATE:
	YES - NO	YES - NO	/ /
	PROCESS DATE:	PROCESSOR I.D.:	PROCESSOR ERROR
	/ /		YES - NO

REPORTING OWNERSHIP

If multiple levels of ownership, use this form to disclose each entity at each level. Use additional copies if necessary to disclose each level.

- If applicant is a partnership, 100% of the interest in the partnership must be accounted for among the partners listed. If one or more of your general or limited partners is a limited partnership or limited liability partnership, complete an additional section of question 10 for each partnership. If one or more of your general or limited partners is a corporation, complete question 10 for each corporation or Limited Liability Company.
- If applicant is a corporation and stockholder is corporation, provide pertinent information as indicated in question 10F.

PARTNERSHIPS / CORPORATIONS / LIMITED LIABILITY COMPANY

10A. Indicate type of ownership and complete the information below:

Corporation Limited Liability Company Partnership Limited Partnership Limited Liability Partnership

B. Federal Employer's I.D. No.: _____

C. Entity Name: _____

D. Filing No.: _____ Date Approved: _____ State: _____

E. Number and class of shares, memberships or units issued: _____

F. COMPLETE THE FOLLOWING FOR REPORTING OWNERSHIP:

Social Security Number	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy)	Class & No. Shares Held or % Memberships or % Interest
Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager <input type="checkbox"/> Stockholder/Member			Title
Residential Address		City	State Zip Code (9 digits)
Social Security Number	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy)	Class & No. Shares Held or % Memberships or % Interest
Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager <input type="checkbox"/> Stockholder/Member			Title
Residential Address		City	State Zip Code (9 digits)
Social Security Number	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy)	Class & No. Shares Held or % Memberships or % Interest
Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager <input type="checkbox"/> Stockholder/Member			Title
Residential Address		City	State Zip Code (9 digits)
Social Security Number	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy)	Class & No. Shares Held or % Memberships or % Interest
Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager <input type="checkbox"/> Stockholder/Member			Title
Residential Address		City	State Zip Code (9 digits)

(IF YOU NEED ADDITIONAL SPACE FOR MORE NAMES, USE ADDITIONAL COPIES OF THIS PAGE)

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.

11. Is any person, involved in this application, in violation of the above requirements? 11. YES NO
 If "YES," attach an explanation.

12A. Has any person named in questions 9 or 10F or his or her spouse been finally convicted or received deferred adjudication for a felony offense? 12A. YES NO

B. If answer to 12A is "YES," has it been five years since the termination of a sentence, parole or probation served for any offenses indicated above? B. YES NO
 If "NO," attach an explanation.

C. Has any person named in questions 9 or 10F been convicted of any offense(s) under federal or state law, or municipal ordinance involving violations of an individual's civil rights or discrimination against an individual on the basis of race, color, creed or national origin? C. YES NO

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:
Individual	Individual Owner
Partnership	Partner
Corporation	Officer
Ltd. Partnership	General Partner
Ltd. Liability Partnership	General Partner
Ltd Liability Co.	Officer or Manager

I, the applicant, expressly submit to personal jurisdiction in Texas state and federal courts and expressly submit to venue in Travis County, Texas, as proper venue for any proceedings that may be initiated by or against the commission.

PRINT NAME: _____

SIGN HERE: _____

SIGNATURE MUST APPEAR AS NAME SHOWN IN QUESTION 10 on L-106 OR 2 ON L-106-PC.

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)

INSTRUCTIONS

- LICENSE/PERMITS ARE 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.
- Prepare the application in duplicate. Mail the original application to the Texas Alcoholic Beverage Commission, P.O. Box 13127, Austin, Texas 78711 with the correct permit fees. Keep duplicate copy for your files.
- Fee must be paid with Cashier's Check, Money Order, or Firm Check from a corporate permittee made payable to the Comptroller of Public Accounts. We will not accept personal checks. The fees and surcharges are shown below:

Class of Permit	Annual State Fee	Surcharge	Total Due
Out-Of-State Winery Direct Shipper's Permit	\$150.00	\$376.00	\$526.00

- To obtain a Sales and Use Tax Permit access the Texas Comptroller's web site at www.window.state.tx.us. Should you require additional assistance contact Tax Assistance at (800) 252-5555.