

**TEXAS ALCOHOLIC
BEVERAGE COMMISSION***Texans Helping Businesses & Protecting Communities***INFORMATION AND INSTRUCTIONS FOR
PROMOTIONAL PERMIT**

PROMOTIONAL PERMIT – This permit authorizes the holder to engage in activities to promote and enhance the sale of an alcoholic beverage in this state, including activities that take place on the premises of the holder of a permit or license under this code, on the behalf of a distiller, brewer, rectifier, manufacturer, winery, or wine bottler with whom the promotional permit holder has entered into a contract for the purposes of Chapter 50 of the Texas Alcoholic Beverage Code. The State fee is \$600 with a surcharge of \$376 and the permit will expire two years from date of issuance.

In additions, the Promotional Permit may only be issued if the applicant/entity provides:

- A copy of all contracts with licensed or permitted entities to the Texas Alcoholic Beverage Commission Licensing Division in Austin prior to the promotional event
- An employment card to all agents, servants, or employees that are participating in promotional event this card must contain: name of employee, agent or servant, effective date of employment, name of the promotional permit holder, and the promotional permit number. The aforementioned card must be kept on the person during promotional events and available for inspection by any authorized representative of the Texas Alcoholic Beverage Commission
- Affirmation that the applicant does not directly or indirectly have any financial interest in an entity holding a permit or license issued by the Texas Alcoholic Beverage Commission other than a contract to promote and enhance the sale of alcoholic beverages

Be advised that the Promotional Permit holder, including the agent, servant, or employee, may NOT hold any other permit issued by the Texas Alcoholic Beverage Commission, including an Agent's Permit, Agent's Beer License, and a Manufacturer's Agent's Permit.

The 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. Submit your application along with permit fees and surcharges with a cashier's check, money order, or firm check from corporate permittee payable to the Comptroller of Public Accounts.

If you need additional information, please do not hesitate to contact this office at (512) 206-3360.

Sample Employment Card

Promotional Permit Employee ID Card	
Name of Employee:	_____
Effective Date of Employment:	_____
Name of Promotional Permit Holder:	_____
Promotional Permit Number: PR-	_____



APPLICATION FOR PROMOTIONAL PERMIT (PR)

L-PR
(01/2018)

TABC USE ONLY	ISSUE DATE	FEE	SURCHARGE	TOTAL	
	PR-		\$600	\$376	
		Registry No.			
1. APPLICANT IS FILED FOR: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other _____					
2. Trade Name of Business 					
3. Mailing Address _____ City _____ State _____ Zip Code (9 digits) _____ Address of Location _____ City _____ State _____ Zip Code (9 digits) _____					
4. Business Phone No. _____ Alternate Phone No. _____ 5. E-Mail Address: _____					
INDIVIDUAL OWNER					
6. Social Security Number _____ Issuing State /Driver License Number _____ Date of Birth (mm/dd/yyyy) _____ Full Legal Name (Last, First, Middle) _____ Residential Address _____ City _____ State _____ Zip Code (9 digits) _____					
TABC USE ONLY	INITIAL APPLICATION INCOMPLETE YES - NO		ADDITIONAL CORRESPONDENCE YES - NO		PROCESSOR REVIEW DATE: / /
	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 7 for each partnership. If one or more of your general or limited partners is a corporation, complete question 7 for each corporation or Limited Liability Company.
- If applicant is a corporation and stockholder is corporation, provide pertinent information as indicated in question 7F.

PARTNERSHIPS / CORPORATIONS / LIMITED LIABILITY COMPANY

7A. 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/ Driver's License Number	Date of Birth (mm/dd/yyyy)	Class & No. of Shares, Memberships or Units Held
Full Legal Name (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Director/ Manager <input type="checkbox"/> Stockholder/Member			Position/Title
Residential Address		City	State ZIP Code (9 digits)
Social Security Number	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy)	Class & No. of Shares, Memberships or Units Held
Full Legal Name (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Director/ Manager <input type="checkbox"/> Stockholder/Member			Position/Title
Residential Address		City	State ZIP Code (9 digits)
Social Security Number	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy)	Class & No. of Shares, Memberships or Units Held
Full Legal Name (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Director/ Manager <input type="checkbox"/> Stockholder/Member			Position/Title
Residential Address		City	State ZIP Code (9 digits)
Social Security Number	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy)	Class & No. of Shares, Memberships or Units Held
Full Legal Name (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Director/ Manager <input type="checkbox"/> Stockholder/Member			Position/Title
Residential Address		City	State ZIP Code (9 digits)
Social Security Number	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy)	Class & No. of Shares, Memberships or Units Held
Full Legal Name (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Director/ Manager <input type="checkbox"/> Stockholder/Member			Position/Title
Residential Address		City	State ZIP Code (9 digits)

(IF MORE SPACE IS NEEDED, USE ADDITIONAL COPIES OF THIS PAGE.)

ALL APPLICANTS

Per chapter 50 of the Texas Alcoholic Beverage Code, The applicant or holder of a Promotional Permit **MAY NOT** hold an interest, directly or indirectly, in an entity holding another permit or license issued by the Texas Alcoholic Beverage Commission.
 You or your agent, servant or employee **MAY NOT** be employed in any capacity by a permit/license holder except for the contract to promote and enhance alcoholic beverages for promotional events.

8. Are you or anyone named in questions 6 or 7F, or your agent, servant or employee in violation of the above requirements? 8. YES NO
 If "YES," explain below or attach page:

9A. Has any person named in question 6 or 7F, or his or her spouse been finally convicted or received deferred adjudication for a felony offense? 9A. YES NO

B. If answer to 9A 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 answer to 9B is "NO," attach an explanation.

C. Has any person named in question 6 or 7F 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

10. I affirm that I will provide copies of all contracts with licensed/permitted entities to the Texas Alcoholic Beverage Commission Licensing Division in Austin prior to the promotional event. 10. YES NO

11. I affirm that all agents, servants, or employees that are participating in promotional events will be provided with employment cards and that these cards **must** be kept on the person during promotional events and available for inspection by any authorized representative of the Texas Alcoholic Beverage Commission containing:

- The name of the promotional permit holder,
- The Promotional Permit number,
- Name of employee, agent or servant,
- Effective date of employment.

11. YES NO

ACKNOWLEDGMENT

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."

If Applicant is:	Who Must Sign:
Individual	Individual Owner
Partnership	Partner
Corporation	Officer
Ltd. Liability Co.	Officer or Manager
Ltd/Ltd Liability Partnership	General Partner

PRINT NAME: _____

SIGN HERE: _____
 SIGNATURE MUST APPEAR AS NAME SHOWN IN QUESTION 6 on L-PR.

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

1. The 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 application. Fees may **NOT** be prorated or refunded.
2. 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.
3. 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.

Class of Permit	Annual State Fee	Surcharge	Total Due
Promotional Permit	\$600.00	\$376.00	\$976.00