



WHOLESALER'S, DISTRIBUTOR'S and MANUFACTURER'S PREQUALIFICATION PACKET

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

LOCATION INFORMATION

1. Application for: Original Add a Subordinate License/Permit Number
 Reinstatement License/Permit Number
 Change of Licensed Location License/Permit Number

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

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

3. Trade Name of Location

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		
Individual	Limited Liability Partnership	Joint Venture
Partnership	Corporation	Trust
Limited Partnership	Limited Liability Company	Other _____

8. Owner of Business/Applicant

9. Are you, the applicant a veteran-owned business? Yes No

10. Are you, the applicant a Historically Underutilized Business (HUB)? Yes No

11. If Applicant is:		Who Must be Listed Below: <i>(attach L-OIC if additional space is needed).</i>	
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
DISTILLER'S AND RECTIFIER'S PERMIT (D), BREWER'S PERMIT (B) or MANUFACTURER'S LICENSE (BA)			
60-DAY SIGN INFORMATION			
12. 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)	
13. Do you, the applicant, intend to sale for on-premise consumption during the life of this license/permit? Yes No Note: This permission will not be allowed without city/county certification to sale for on-premise consumption.			
DISTILLERS (D)			
14. Do you, the applicant, intend to sell commemorative bottles for off-premise consumption? Yes No Note: This permission will not be allowed without city/county certification to sale for on-premise consumption.			
MEASUREMENT INFORMATION Section 109.31 et. seq			
15. Will your business be located within 300 feet of a church or public hospital? Yes No NOTE: <i>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.</i>			
16. Will your business be located within 300 feet of any private/public school? Yes No NOTE: <i>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.</i> NOTE: <i>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.</i>			
PUBLIC STORAGE PERMIT (K) OR WINERY STORAGE PERMIT (GS)			
If applying for a Public Storage Permit (K) or Winery Storage Permit (GS) include the Bonded Warehouse Permit (J) or Bonded Warehouse Permit (Dry Area) (JD) number. A Public Storage permit (K) may only be issued in the same county as your primary permit as per Section 45.03.			
17. Name of Public or Winery Storage Facility			
18. For Public Storage: Bonded Warehouse Permit J -		19. For Winery Storage: Bonded Warehouse Permit (Dry Area) JD -	
20. Location Address of Storage Facility			
City	County	State	Zip Code

**PRIVATE STORAGE PERMIT (L) OR MANUFACTURER'S
WAREHOUSE LICENSE (MW)**

If applying for a **Private Storage Permit (L)** or a **Manufacturer's Warehouse License (MW)** complete question 22. A **Private Storage Permit (L)** may only be issued in the same county as your primary permit as per Section 45.03.

For the location address of the **Private Storage Permit (L)** or **Manufacturer's Warehouse License (MW)**, indicate owner of the property on **Owner of Property (L-OP)**.

If applying for a **Manufacturer's Warehouse License (MW)** complete questions 23 and 24.

21. Location Address of: Private Storage Permit Manufacturer's Warehouse License

City	County	State	Zip Code
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22. Manufacturer's License No.

BA -

23. Original Issue Date (MM/DD/YYYY)

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.

**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

S E A L

CERTIFICATE OF CITY SECRETARY FOR: (W, X, LX, Z, G, J, BB, BD, 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, MW & SL)
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, LX, Z, G, J, BB, BD, 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, MW & SL)
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, LX, B, D, Z, G, BB, BD, 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, LX, B, D, Z, G, BB, BD, BC, BI & BA)

Name of newspaper		ATTACH PRINTED COPY OF THE NOTICE HERE
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		
S E A L		



OWNERSHIP INFORMATION

Continued for Prequalification Packet

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	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title