



# SELLER TRAINING CLASSROOM-BASED BRANCH SCHOOL CERTIFICATE APPLICATION

FORM ST-401CBB (02/2011)

## REQUIREMENTS:

- A branch classroom-based seller server school certificate is required for each site, other than a principal site, where records required by TABC Administrative Rules Chapter 50 are maintained.
- Submit **complete** applications. *Incomplete* applications will not be processed and will not be returned.
- Keep an exact copy of this application.
- Complete and correct any deficiencies within ten business days. **Note: Applications must be complete and correct within 90 days from the date of the Notary Public signature or the application will be invalid.**
- Submit Renewal Applications prior to the date the certificate expires.

## APPLICATION FEES:

- Application fees must be attached to each application.
- Application fees will *not* be returned if the School Application is disapproved or *not* renewed for any reason.

Original Classroom-Based Branch School: \$200

Change of Ownership: \$100

Renewal Classroom-Based Branch School: \$100

Late Fee: \$100

## MAILING INSTRUCTIONS:

Mail completed application with original signatures, processing fee(s) and required documents to:

### Texas Alcoholic Beverage Commission

Attn: Seller Training  
P.O. Box 13127  
Austin, TX 78711

## CONTACT INFORMATION

SELLER TRAINING 512-206-3420

[seller.training@tabc.state.tx.us](mailto:seller.training@tabc.state.tx.us)

FOR MORE INFORMATION GO TO: [www.tabc.state.tx.us](http://www.tabc.state.tx.us)



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FOR TABC USE ONLY – DO NOT USE THIS SPACE			
<input type="checkbox"/> <b>Branch Original (\$200)</b>	<input type="checkbox"/> <b>Branch Renewal (\$100)</b>	<input type="checkbox"/> <b>Change of Ownership (\$100)</b>	
ST School license number: -	LE Ind/org number:		
LE School file number: -	BSD Register number:		
Approval Date:	Expiration Date:		

**PRINT OR TYPE**

1. Application is filed as:	<input type="checkbox"/> Classroom-Based Branch School Original	<input type="checkbox"/> Classroom-Based Branch School Renewal for School Number: —	<input type="checkbox"/> Change of Ownership (If less than 50% of interest is sold or transferred.)
2. Branch School Name:			
3. Name of associated primary classroom-based school:			
4. School number of associated primary classroom-based school: —			
5. Do you verify that the owners, shareholders, officers and directors of the branch seller server school and the primary seller server school are the same?			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
6. Branch Site School Address: <i>Enter a physical street address. Do not enter a post office box address.</i>			
City:	County:	State:	ZIP Code:
Business Phone:	Cell:	Fax :	Other:
Mailing Address:			
City:		State:	ZIP Code:
Website Address: (if applicable)		E-mail:	
Does your website redirect to another entity? <b>If “Yes”, provide the following information:</b>			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Entity Name:			
Entity School Number: -			

**7. The applicant understands and agrees to:**

- a. comply with all requirements addressed in the TABC Administrative Rules Chapter 50.  **Yes** **No**
- b. implement and maintain security measures that meet state and federal standards for the transmission and protection of personal identification information and financial information of individuals accessing the website.  **Yes** **No**
- c. electronically notify the Commission at least three business days in advance of each scheduled session and include the date, time and location of the session and whether the session will have continuous instruction or be presented as units.  **Yes** **No**   
 **N/A**
- d. electronically notify the Commission of a class cancellation prior to the scheduled date of the session.  **Yes** **No**   
 **N/A**
- e. electronically report trainee data to the Commission within fourteen calendar days of training.  **Yes** **No**
- f. maintain a current, valid e-mail address on file with the Commission.  **Yes** **No**
- g. maintain the Commission Standard Competence Test in a secure manner and in a secure location at all times.  **Yes** **No**
- h. instruct the program as submitted to and approved by the Texas Alcoholic Beverage Commission.  **Yes** **No**
- i. have qualified trainers that are currently certified.  **Yes** **No**
- j. submit any program changes or modifications to the Commission for prior approval.  **Yes** **No**
- k. allow a representative of the Texas Alcoholic Beverage Commission free access to all schools and training sessions.  **Yes** **No**
- l. submit to the Commission any program status changes, such as no longer offering classes, deletion or addition of trainers, etc.  **Yes** **No**
- m. submit to the Commission any changes in address, name, phone number and/or contact person  **Yes** **No**

**8.** Applicant understands that the School Certificate may be suspended or cancelled for violation of the Texas Alcoholic Beverage Commission Administrative Rules Chapter 50.  **Yes** **No**

**9.** Applicant understands that branch locations must be associated with a primary school that has a current, valid certificate.  **Yes** **No**

**10.** An applicant(s) for a branch classroom-based seller server school certificate must have a:

a. Designated Instructor (certified trainer responsible for the oversight, operation, training and compliance at the branch seller server school).

Name:

b. Program Administrator (individual responsible for the day-to-day operations and facilities of the branch seller server school).

Name:

**By signing below, the applicant(s) acknowledges that:**

- this application is a government document;
- each fact, disclosure, and statement made in the application is true and correct at this time;
- all parts of the application that apply are complete;
- the information provided is subject to verification by the Commission;
- providing false or misleading information or omitting a material fact may result in the refusal of the application, cancellation of a school's certificate, or criminal prosecution;
- he/she has the authority to act on behalf of all owners;
- he/she has personally completed or reviewed the application and has personal knowledge of and is responsible for its content.

**WARNING:** Section 101.69 of the Texas Alcoholic Beverage Commission 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 penitentiary for not less than 2 nor more than 10 years."

**IMPORTANT:** This application must be signed by the individual owner, each general partner, or an officer if the applicant is a corporation or other.

\_\_\_\_\_  
*Signature must appear as name shown on Personal History Attachment.*

\_\_\_\_\_  
*Signature must appear as name shown on Personal History Attachment.*

\_\_\_\_\_  
*Signature must appear as name shown on Personal History Attachment.*

\_\_\_\_\_  
*Signature must appear as name shown on Personal History Attachment.*

**Before me, the undersigned authority, on this day personally appeared:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

known to me to be the person(s) whose name(s) is/are signed to the foregoing application and, duly sworn by me, each states under oath that he or she has read the said application and that all facts therein set forth are true and correct.

**Sworn to before me, this the** \_\_\_\_\_ **day of** \_\_\_\_\_ **A.D.** \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS**



# SELLER TRAINING PERSONAL HISTORY ATTACHMENT

FORM ST-401CBB (02/2011)

Complete this page for **each** individual owner, individual shareholder, partner, officer, director, manager, program administrator and applicant for or holder of the associated primary classroom-based seller server school certificate. A copy of a personal history attachment from the primary school application is acceptable if the original was included as part of the primary school application. Attach additional copies of this page if necessary.

1. Applicant's Full Legal Name (Last, First, Middle): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

*Street*

*City*

*ST*

*ZIP*

Business Phone No. \_\_\_\_\_

( ) -

Residential Phone No. \_\_\_\_\_

( ) -

Mobile Phone No. \_\_\_\_\_

( ) -

Applicant's Social Security Number \_\_\_\_\_

- -

Issuing State/Driver's License Number \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Race \_\_\_\_\_

Sex \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

/ /

Place of Birth (City, State, **Country**) \_\_\_\_\_

2. List residential addresses for the past three (3) years starting with current address. (If additional space is needed, please attach a list with the following information.)

Number and Street	City, State, ZIP	From (mm/yyyy)	To (mm/yyyy)
		/	<b>PRESENT</b>
		/	/
		/	/

3. Are you a U.S. citizen?     YES     NO

If "**NO**", what is your legal status in the United States? Explain below, or attach a page with information. Attach copies of all documents such as Visa, Resident Alien, Employment Authorization Documents, etc.

**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 penitentiary for not less than 2 nor more than 10 years."

I, under penalty of law, hereby swear that I have read all the information provided in this document and any attachments and the information is true and correct. I also understand any false statement or representation in this application can result in my application being denied and/or criminal charges filed against me.

I also authorize the Texas Alcoholic Beverage Commission to use all legal means to verify the information provided.

By signing below, I authorize the Texas Alcoholic Beverage Commission to conduct a criminal history background check. **If you have not lived in Texas for the previous 12 months, you are required to provide TABC with a certified copy of your criminal background check from the state police or FBI of any state where you lived in the previous five years.**

*Print Name*

*Authorized Signature*

**BEFORE ME**, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ the person whose name is signed to the foregoing document personally appeared and duly sworn by me, each states under oath that he or she has read the said document and that all facts therein set forth are true and correct.

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

**NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS**

CH - Date Entered

/ /

**Approved**

**Disapproved**

*Signature*