



SELLER TRAINING CLASSROOM-BASED PRIMARY SCHOOL CERTIFICATE APPLICATION

FORM ST-401CBP (02/2011)

REQUIREMENTS:

- 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: Application 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 Primary School: \$1,000

Change of Ownership: \$100

Renewal Classroom-Based Primary School: \$500

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

FOR MORE INFORMATION GO TO: www.tabc.state.tx.us



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FOR TABC USE ONLY – DO NOT USE THIS SPACE			
<input type="checkbox"/> Primary Original (\$1,000)	<input type="checkbox"/> Primary Renewal (\$500)	<input type="checkbox"/> Change of Ownership (\$100)	
ST School license number: -		LE Ind/org number:	
LE School file number: -		BSD Register number:	
Approval Date:		Expiration Date:	
Branch Locations?: <input type="checkbox"/> Yes <input type="checkbox"/> No			

PRINT OR TYPE

1. Application is filed as: <input type="checkbox"/> Classroom-Based Primary School Original <input type="checkbox"/> Classroom-Based Primary School Renewal for School Number: — <input type="checkbox"/> Change of Ownership (If less than 50% of interest is sold or transferred.)			
2. School Name:			
3. Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> State Trade Association <input type="checkbox"/> Other _____			
NOTE: A legal entity must attach its formation and registration documents and must be authorized to transact business in Texas.			
a. Federal Employer's I.D. Number (Ltd. partnership, corp., trade assoc., college/univ.): _____			
b. Entity/Organization Name: _____			
c. Entity/Organization Address: _____			
d. Charter Number (corp. only): _____ Date Charter Approved: _____ State: _____			
e. Shares Authorized (corp. only): _____ Shares Issued: _____			
f. For state trade associations: Is membership primarily composed of members of a particular retail chain? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Principal 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? If "Yes", provide the following information: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Entity Name:			
Entity School Number: -			

<p>5. Will the applicant's Seller Training program receive direct or indirect financial support from any government body? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																													
<p>6. List all owners (individuals and entities having an ownership interest), officers, directors, managers. Provide additional names on an attachment. Complete Personal History Attachment (see page 6) for each person listed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name:</td> <td style="width: 35%;">Title:</td> <td style="width: 35%;">Percent of Ownership:</td> </tr> <tr> <td>Name:</td> <td>Title:</td> <td>Percent of Ownership:</td> </tr> <tr> <td>Name:</td> <td>Title:</td> <td>Percent of Ownership:</td> </tr> <tr> <td>Name:</td> <td>Title:</td> <td>Percent of Ownership:</td> </tr> <tr> <td>Name:</td> <td>Title:</td> <td>Percent of Ownership:</td> </tr> <tr> <td>Name:</td> <td>Title:</td> <td>Percent of Ownership:</td> </tr> <tr> <td>Name:</td> <td>Title:</td> <td>Percent of Ownership:</td> </tr> <tr> <td>Name:</td> <td>Title:</td> <td>Percent of Ownership:</td> </tr> <tr> <td>Name:</td> <td>Title:</td> <td>Percent of Ownership:</td> </tr> </table>			Name:	Title:	Percent of Ownership:	Name:	Title:	Percent of Ownership:	Name:	Title:	Percent of Ownership:	Name:	Title:	Percent of Ownership:	Name:	Title:	Percent of Ownership:	Name:	Title:	Percent of Ownership:	Name:	Title:	Percent of Ownership:	Name:	Title:	Percent of Ownership:	Name:	Title:	Percent of Ownership:
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<p>7. Does the applicant or the applicant's spouse:</p> <p>a. have any interest in a hotel management or operating company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. hold an alcoholic beverage license or permit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. have any interest in a company that holds an alcoholic beverage license or permit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. work for any person or firm that has a direct or indirect interest in the business of an alcoholic beverage licensee or permittee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. have any direct or indirect interest in the premises, equipment or fixtures used by an alcoholic beverage licensee or permittee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes" to any question in number 7, provide details including trade name and license or permit number on an attachment.</p>																													
<p>8. If the applicant is a university, does the university offer a degree or certificate in hotel or motel management, restaurant management, and travel or tourism management? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>a. For community colleges and/or universities: Is the applicant a state or federal agency, a political subdivision of the State, or an agency of a political subdivision of the State? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Is the applicant a public community college? If "Yes", provide documentation. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Is the applicant a university? If "Yes", provide documentation. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																													
<p>9. Has the applicant or applicant's spouse ever had an interest in a state issued certificate that was suspended or revoked in any U.S. state? If "Yes", provide details on an attachment. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																													
<p>10. Does your property owner hold any type of permit or license concerning the alcoholic beverage business? If "Yes", provide details on an attachment. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																													
<p>11. Has the applicant ever been charged with and/or arrested for a felony offense. If "Yes", please be aware that additional information may be requested. This could result in processing delays. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																													
<p>12. Are you submitting any optional/additional course content? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																													

13. 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

14. 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

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

16. Applicant will make available upon request by TABC complete copies of any employment or independent contractor's agreements to be used by the applicant to secure the services of program administrators, supervisors or trainers. Yes No

17. An applicant(s) for a primary classroom-based seller server school certificate must have a:

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

Name:

b. Program Administrator (individual responsible for the day-to-day operations and facilities of the primary 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.

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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-401CBP (02/2011)

Complete this page for **each** individual owner, individual shareholder, partner, officer, director, manager, program administrator and applicant for or holder of the primary classroom-based seller server school certificate. 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)
		/	PRESENT
		/	/
		/	/

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.**

<small>Print Name</small>	<small>Authorized Signature</small>
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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 / /		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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Signature