



SELLER TRAINING CHANGE OF OWNERSHIP/LOCATION REQUEST

FORM ST-464 (01/2011)

REQUIREMENTS:

- Use this form to report a change of location of the primary or branch seller server school OR to report a less than 50% interest transfer of ownership. If a greater than 50% interest transfer of ownership occurs, a new application must be submitted along with applicable fees.
- When reporting a change of ownership, attach the original ownership page from the original application. Cross out the owner information that is no longer valid.
- Attach documents providing evidence of the sale or transfer.
- If reporting a change of ownership, complete the Personal History Attachment for the new owner.
- Keep an exact copy of this request.

CHANGE OF OWNERSHIP FEE:

- Change of ownership fee must be attached to this request.
- Change of ownership fee is non-refundable.

Change of Ownership Fee: \$100.00

MAILING INSTRUCTIONS:

Mail completed form with original signatures, fee (if applicable) and required documents to:

Texas Alcoholic Beverage Commission

Attn: Seller Training Section

P.O. Box 13127

Austin, TX 78711

CONTACT INFORMATION

SELLER TRAINING (512) 206-3420

seller.training@tabc.state.tx.us

www.tabc.state.tx.us



SELLER TRAINING CHANGE OF OWNERSHIP/LOCATION REQUEST

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CHANGE OF OWNERSHIP

School Number: _____ - _____ Modification Requested: Change of Ownership - Less than 50% Interest
 Location

NEW OWNER INFORMATION

Name: _____ Email: _____

Ethnic Origin: **W**-White **H**-Hispanic **P**-Asian/Pacific Islander
 B-Black **I**-American Indian/Alaskan **O**-Other _____

Sex: Male Female SSN: _____ DOB: _____ % Of Interest: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

PREVIOUS OWNER INFORMATION

Name: _____ DOB: _____

% Of Interest After Transfer: _____

Signature of Authorized Administrator

CHANGE OF LOCATION

School Number: _____ - _____ Modification Requested: Primary Site Branch Site

School Name: _____

NEW LOCATION INFORMATION

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

PREVIOUS LOCATION INFORMATION

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

Signature of Authorized Administrator

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/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

TABC Use Only

CH - Date Entered
/ /

Approved
 Disapproved

Signature



SELLER TRAINING CHANGE OF OWNERSHIP/LOCATION REQUEST PERSONAL HISTORY ATTACHMENT

FORM ST-464 (01/2011)

Complete this page for **each** individual owner, individual shareholder, partner, officer, director, manager, program administrator and applicant for or holder of the in-house 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. () -
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Applicant's Social Security Number	Issuing State/Driver's License Number	Applicant's Email Address:
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Race	Sex	Date of Birth (mm/dd/yyyy) / /	Place of Birth (City, State, Country)
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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.**

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