



# 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 Cross out the owner information that is no longer valid.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](mailto:seller.training@tabc.state.tx.us)

[www.tabc.state.tx.us](http://www.tabc.state.tx.us)



# SELLER TRAINING CHANGE OF OWNERSHIP/LOCATION REQUEST

FORM ST-464 (01/2011)

### 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, <b>Country</b> )
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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