



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

BUSINESS INFORMATION FORM

L-B (2/2021)

You must complete the entire Business Packet including all necessary ownership information and personal history sheets. Select the entity page(s) that coincides with your business structure. All officers, directors, stockholders, trustees, and beneficiaries holding ownership in this business must be disclosed.

- L-C (Corporation, Trust, City, County or University)
- L-LLC (Limited Liability Company)
- L-P (Partnership)
- L-PHS (Personal History Sheet)

If you are applying as an individual, you will submit this page and the L-PHS (Personal History Sheet).

OWNER INFORMATION

1. Type of Owner

- | | | |
|--|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> City/County/University |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Trust | |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture | |

2. Business Owner/Applicant

3. Federal Employer Identification No. (FEIN)

4. Email Address

BUSINESS INFORMATION

5A. If any person listed in this Business Packet, or his or her spouse, has been finally convicted or received deferred adjudication for any of the offenses below, indicate by checking all that apply:

- any felony offense
- prostitution
- bookmaking
- gambling or gaming
- bootlegging
- vagrancy offense involving moral turpitude
- any offense involving dangerous drugs, synthetic cannabinoids or controlled substances as defined in Texas Controlled Substances Act
- any offense involving firearms or a deadly weapon
- more than three violations of the Texas Alcoholic Beverage Code relating to minors
- violations of the Texas Alcoholic Beverage Code resulting in a criminal fine of \$500
- violations of an individual's civil rights or discrimination against an individual on the basis of race, color, creed or national origin

5B. Has it been five years since the termination of a sentence, parole or probation served for any offenses indicated above?

Yes No N/A

If it has not been five years since the termination of a sentence, parole or probation served, **attach an explanation.**

6. Has any person listed in this Business Packet, or his or her spouse, had a cancellation of a TABC license/permit in the past five years?

Yes No

If "YES," **attach an explanation:**

The applicant, license/permit holder, agent, servant or employee may not directly or indirectly have any overlapping ownerships or other prohibited relationships (including unfair competition and unlawful trade practices) between those engaged in the alcoholic beverage industry at different levels, that is, between a manufacturer and a wholesaler or retailer, or between a wholesaler and a retailer, as the words "wholesaler," "retailer," and "manufacturer" are ordinarily used and understood, regardless of the specific names given a license\permit. Reference Chapter 102 et seq.

7. Is any person, involved in this application, in violation of the above requirements? Yes No
 If "YES," attach an explanation:

WARNING AND SIGNATURE

If Applicant Is/Must Sign	
Individual/Individual Owner	Corporation/Officer
Partnership/Partner	Limited Liability Company/ Officer or Manager
Limited Partnership/General Partner	

EACH LICENSEE OR PERMITTEE SHALL HAVE EXCLUSIVE OCCUPANCY AND CONTROL OF THE ENTIRE LICENSED LOCATION WITH RESPECT TO SALE OF ALCOHOLIC BEVERAGES. ANY ARRANGEMENT THAT SURRENDERS SUCH CONTROL OF THE EMPLOYEES, PREMISES OR BUSINESS, INCLUDING PROFITS AND LOSSES, TO PERSONS OTHER THAN THE LICENSEE OR PERMITTEE IS UNLAWFUL.

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code states: "...a person who knowingly 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.
 SEE CHART ABOVE TO DETERMINE WHO MUST SIGN.**

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



This Corporation form should be completed for original applications or for changes of officers, directors, stockholders, trustees, and beneficiaries holding ownership in this business. This form is included in the Business Packet (L-B) for new applicants. License/Permit holders reporting changes use Business Packet for Reporting Changes (L-BRC).

For more information contact your local TABC office or visit us at: www.tabc.texas.gov

ENTITY INFORMATION

1. Federal Employer Identification Number (FEIN)

2. Business Entity Name

3. Filing Number

4. Date Filed (mm/dd/yyyy)

State

Class and Number of Shares Issued

CORPORATE OWNERSHIP INFORMATION

Officer Director Stockholder Trustee Beneficiary *(Mark All That Apply)*

Last Name

First Name

MI

Title

SSN Out of Country

Date of Birth (mm/dd/yyyy)

Specify Class & No. of Shares

Officer Director Stockholder Trustee Beneficiary *(Mark All That Apply)*

Last Name

First Name

MI

Title

SSN Out of Country

Date of Birth (mm/dd/yyyy)

Specify Class & No. of Shares

Officer Director Stockholder Trustee Beneficiary *(Mark All That Apply)*

Last Name

First Name

MI

Title

SSN Out of Country

Date of Birth (mm/dd/yyyy)

Specify Class & No. of Shares

Officer Director Stockholder Trustee Beneficiary *(Mark All That Apply)*

Last Name

First Name

MI

Title

SSN Out of Country

Date of Birth (mm/dd/yyyy)

Specify Class & No. of Shares

CORPORATE OWNERSHIP INFORMATION *CONTINUED*

Officer Director Stockholder Trustee Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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Officer Director Stockholder Trustee Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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Officer Director Stockholder Trustee Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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Officer Director Stockholder Trustee Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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Officer Director Stockholder Trustee Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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Officer Director Stockholder Trustee Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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Officer Director Stockholder Trustee Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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Officer Director Stockholder Trustee Beneficiary *(Mark All That Apply)*

Last Name		First Name		MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Specify Class & No. of Shares	
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IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



This Limited Liability Company form should be completed for original applications or for changes of officers, managers, and members holding ownership in this business. This form is included in the Business Packet (L-B) for new applicants. License/Permit holders reporting changes use the Business Packet for Reporting Changes (L-BRC). For individuals outside the United States, not holding a social security number check the "Out of Country" box.

For more information contact your local TABC office or visit us at: www.tabc.texas.gov

ENTITY INFORMATION

1. Federal Employer Identification Number (FEIN)			
2. Business Entity Name			
3. Filing Number		4. Member Managed or Manager Managed <input type="checkbox"/> Member Managed <input type="checkbox"/> Manager Managed	
5. Date Filed (mm/dd/yyyy)	State	Class and Number of Memberships or Units Issued	

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION

<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member <i>(Mark All That Apply)</i>			
Last Name		First Name	
SSN <input type="checkbox"/> Out of Country		Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
MI		Title	
<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member <i>(Mark All That Apply)</i>			
Last Name		First Name	
SSN <input type="checkbox"/> Out of Country		Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
MI		Title	
<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member <i>(Mark All That Apply)</i>			
Last Name		First Name	
SSN <input type="checkbox"/> Out of Country		Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
MI		Title	
<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member <i>(Mark All That Apply)</i>			
Last Name		First Name	
SSN <input type="checkbox"/> Out of Country		Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
MI		Title	

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION CONTINUED

Officer Manager Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
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Officer Manager Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
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Officer Manager Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
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Officer Manager Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
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Officer Manager Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
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Officer Manager Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
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Officer Manager Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
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Officer Manager Member (Mark All That Apply)

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held
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IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



This Partnership form should be completed for original applications or for changes of partnerships, limited partnerships, limited liability partnerships, and joint ventures holding ownership in this business. This form is included in the Business Packet (L-B) for new applicants. License/Permit holders reporting changes use Business Packet for Reporting Changes (L-BRC).

For more information contact your local TABC office or visit us at: www.tabc.texas.gov

ENTITY INFORMATION

1. Federal Employer Identification Number (FEIN).

2. Business Entity Name

3. Filing Number

4. Date Filed (mm/dd/yyyy)

State

PARTNERSHIP INFORMATION

General Partner Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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PARTNERSHIP INFORMATION *CONTINUED*

General Partner Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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General Partner Limited Partner

Last Name	First Name	MI	Title
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percent of Interest
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IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

PERSONAL HISTORY SHEET

L- PHS (2/2021)

Every officer and majority owner must complete a Personal History Statement. Answer all questions. Any false statement will disqualify you and subject you to prosecution under section 101.69 of the Texas Alcoholic Beverage Code and other criminal statutes.

OWNER/APPLICANT

1. Trade Name (Name of restaurant, bar, etc.)
2. Location Address:
3. Marital Status: Single Married Divorced Widowed
4. Full Legal Name (Last, First, Middle)
Social Security Number Issuing State/ Driver's License Number Date of Birth (mm/dd/yyyy)
Place of Birth (City, State, Country)
Email Address

SPOUSE

5. Full Legal Name (Last, First, Middle)
Social Security Number Issuing State/ Driver License Number Date of Birth (mm/dd/yyyy)
Place of Birth (City, State, Country)

OTHER RESIDENT

6. Do you live with anyone over the age of 18, other than your spouse? YES NO
If YES please provide their information below: (If additional space is needed, please attach a page with information.)
Full legal name (Last, First, Middle)
Social Security Number Issuing State/ Driver License No. Date of Birth (mm/dd/yyyy) Relationship

RESIDENTIAL ADDRESSES

7. List residential addresses for the past five (5) years starting with current address. If you have not lived in Texas for the previous 12 months, you are required to provide TABC with an official copy of your criminal background check from the FBI or state police of any state where you lived in the previous five years. (If additional space is needed, please attach a list with the following information.)

Table with 4 columns: Number and Street, City, State, ZIP, From (mm/yyyy), To (mm/yyyy). Includes PRESENT row.

8. Business Phone No. Residential Phone No. Mobile Phone No.

RESIDENT STATUS

9A. Are you a U.S. citizen? YES NO
B. If YES answer the following: Native Born Naturalized. If Naturalized, Provide the A Number
C. If NO What is your legal status in the United States? Explain below, or attach a page with information.
D. Provide all documents such as Visa, Resident Alien, Employment Authorization Documents, etc.

TABC USE ONLY
APPLICANT YES NO SPOUSE (BE/BG ONLY) YES NO OTHER YES NO
CH - Date Entered Supervisor's Signature Destroy Date

EMPLOYMENT HISTORY

10. List employment for the *past five (5) years* beginning with your current employer. If self-employed or retired, include the name of your company or company from which you retired, type of business owned or the position held prior to retirement. Include periods of unemployment. All periods of time must be accounted for during the past five years. (If additional space is needed, attach a separate sheet.)

Name of Employer/Company	Address (Street, City, State, ZIP)	Position Held/Business Type	From (mm/yyyy)	To (mm/yyyy)
				PRESENT

INDIVIDUAL FINANCIAL INFORMATION

11. List the total amount of **your** personal investment in this location. Provide investment details including notes, loans, gifts, cash, services or equipment, and operating capital. Account for the original source of all investments (how acquired). Enter total dollar amount on the line of the amount invested column. (If additional space is needed, attach a separate sheet.)

NOTE: If investment is in the form of a loan or gift, attach name of lender or financial institution, address, terms and security and loan/gift documents. If from an individual, attach personal information for all individuals including: name, social security and driver license numbers, date of birth, race, sex, etc.

Amount Invested	Original Source of Investment (loans, previous employment, etc).
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	TOTAL AMOUNT OF PERSONAL INVESTMENT \$

SIGN AND NOTARIZE APPLICATION

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code states: "...a person who knowingly 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."

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.

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: _____

(S E A L)

Notary Public