

LICENSE HOLDER INFORMATION: Complete the required ownership information.

Legal name of company must be identical to the name on your State Tax Payer's Identification on file with the Texas Comptroller of Public Accounts.

Legal Name Tax Payer ID # or Charter # Outlet #

Mailing Address of Licensed Establishment City and State Zip

* Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor? Yes No
(If yes, please attach a statement explaining the conviction.)

**Residence address, driver's license number, and date of birth are only required of drug, device, and/or certificate of authority applicants*
INCLUDE A COPY OF YOUR DRIVER'S LICENSE

SOLE OWNER / PROPRIETORSHIP

Name *Residence Address *Drivers License Number *Date of Birth

PARTNERSHIP **LP** **LLP** **LTD**

Name of Partnership Effective Date of Partnership

Name *Residence Address *Drivers License Number *Date of Birth

Name *Residence Address *Drivers License Number *Date of Birth

Name *Residence Address *Drivers License Number *Date of Birth

ASSOCIATION

Name *Residence Address *Drivers License Number *Date of Birth

Name *Residence Address *Drivers License Number *Date of Birth

CORPORATION **LLC**

Name of Corporation Date and Place of Incorporation

President's Name *Residence Address *Drivers License Number *Date of Birth

Officer's Name *Residence Address *Drivers License Number *Date of Birth

Officer's Name *Residence Address *Drivers License Number *Date of Birth

Name of Registered Agent *Residence Address Telephone Number