

# APPLICATION INSTRUCTIONS

## Seller Training School Program Certification

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### REQUIREMENTS

- Submit **complete** applications, including application fees. *Incomplete* applications will delay processing.
- Include a copy of the curriculum and all course materials, such as workbooks, videos, examinations, etc. Programs will not be evaluated until these requirements are met.
  - The curriculum and materials must be indexed and labeled in detail to indicate the location of required materials in the curriculum.
  - The amount of time allocated for each segment must be specified.

**Note:** The Texas Alcoholic Beverage Commission will retain all materials submitted. If purchasing an existing certified program, affidavits from both buyer and seller of program must be included with original signatures.

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### ALCOHOLIC BEVERAGE LICENSE OR PERMIT HOLDERS

All of the following conditions must be met to be a certified school:

- The business entity that holds the license or permit must submit the permit, i.e.: the individual, partnership, or corporation.
  - The commission may approve a seller-training program sponsored by a license or permit holder that employs at least 150 persons at any one time during the license or permit year.
  - These employees who sell, serve, or prepare alcoholic beverages may or may not be located at the same premises.
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**APPLICATION FEES:**                      **Original Program Application Fee: \$1,000**                      **Renewal Application Fee: \$500**

- Application fees must be attached to each application.
  - Application fees will *not* be returned if the School-Program Application is *not* approved or renewed for any reason.
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### FORM COMPLETION

**Note:** "Applicant" means all parties and persons identified as owners, partners, officers or anyone involved in program administration or supervision.

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### 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

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### CONTACT INFORMATION

For more information on Seller Training, go to the TABC website at <http://www.tabc.state.tx.us/> or call 512-206-3420.



# APPLICATION

## Seller Training School Program Certification

**FOR OFFICIAL USE ONLY – DO NOT USE THIS SPACE**

<input type="checkbox"/> <b>Original (\$1,000)</b>	<input type="checkbox"/> <b>Renewal (\$500)</b>
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School license number:	Ind/org number:
School program number: —	Register number:
Approval date:	
School file number:	Expiration date:
Program file number:	Expiration date:

**PRINT OR TYPE READ ALL INSTRUCTIONS**

1. Application is filed as: <input type="checkbox"/> Original <input type="checkbox"/> Renewal for School-Program Number: —				
2. School Name: _____				
Program Name: _____				
3. Program Number: —				
4. 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 _____				
a. Federal Employer's I.D. Number (ltd. partnership, corp., trade assoc., college/univ.): _____				
b. Entity/Organization Name: _____				
c. Entity/Organization Address: _____				
c. Charter Number (corp. only): _____ Date Charter Approved: _____ State: _____				
d. Shares Authorized (corp. only): _____ Shares Issued: _____				
e. <b>For state trade associations:</b> Is membership primarily composed of members of a particular retail chain? <input type="checkbox"/> Yes   No <input type="checkbox"/>				
Has your organization existed for at least 20 years? If yes, provide documentation. <input type="checkbox"/> Yes   No <input type="checkbox"/>				
f. <b>For community colleges and/or universities:</b> 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   No <input type="checkbox"/>				
Is the applicant a public community college? If yes, provide documentation. <input type="checkbox"/> Yes   No <input type="checkbox"/>				
Is the applicant a university? If yes, provide documentation. <input type="checkbox"/> Yes   No <input type="checkbox"/>				
5. School Address:				
City:		County:	State:	ZIP Code:
Business Phone:		Cell:	Fax :	Other:
Mailing Address:				
City:		State:	ZIP Code:	
Website:		E-mail:		
Would you like to link with the Texas Alcoholic Beverage Commission website? <input type="checkbox"/> Yes   No <input type="checkbox"/>				

**6. Provide information for each owner, partner, officer, or anyone involved in program administration or supervision.**

Name:		Race:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	DOB:	SSN:
Driver's License No.:		State:
Address:		% Interest:
City:	State:	ZIP Code:
Phone:		
Name:		Race:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	DOB:	SSN:
Driver's License No.:		State:
Address:		% Interest:
City:	State:	ZIP Code:
Phone:		
Name:		Race:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	DOB:	SSN:
Driver's License No.:		State:
Address:		% Interest:
City:	State:	ZIP Code:
Phone:		
Name:		Race:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	DOB:	SSN:
Driver's License No.:		State:
Address:		% Interest:
City:	State:	ZIP Code:
Phone:		
Name:		Race:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	DOB:	SSN:
Driver's License No.:		State:
Address:		% Interest:
City:	State:	ZIP Code:
Phone:		

**TO ADD MORE NAMES, USE ADDITIONAL COPIES OF THIS PAGE.**

7. Will the applicant's Seller Training program receive direct or indirect financial support from any government body?	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
8. Does the applicant or the applicant's spouse: a. have any interest in a hotel management or operating company? b. hold an alcoholic beverage license or permit? c. have any interest in a company that holds an alcoholic beverage license or permit? d. work for any person or firm that has a direct or indirect interest in the business of an alcoholic beverage licensee or permittee? e. have any direct or indirect interest in the premises, equipment or fixtures used by an alcoholic beverage licensee or permittee? <b>If "yes" to any question</b> in number 8, provide details including trade name and license or permit number in an attachment.	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
9. If an applicant holds an alcoholic beverage license or permit, did the applicant employ on at least one day during the current license or permit year 150 or more employees who were directly engaged in selling, serving, or preparing alcoholic beverages?	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
10. If the applicant is a hotel management or operating company: a. Has the applicant employed 200 or more persons who were directly engaged in selling, serving, or preparing alcoholic beverages at any time during the current license or permit year? b. Will the applicant conduct the training for the employees of five or more hotels operated or managed by the company? c. Will the program be administered through the corporate offices?	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
11. 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	No	<input type="checkbox"/>
12. Has the applicant or applicant's spouse ever had an interest in a School-Program Certificate that was suspended or revoked? <b>If "yes,"</b> provide details in an attachment.	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
13. Does your property owner hold any type of permit or license concerning the alcoholic beverage business? <b>If "yes,"</b> provide details in an attachment.	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
14. Has the applicant <b>ever</b> been <b>charged</b> with and/or arrested for a felony or misdemeanor offense. This includes driving while intoxicated (DWI or DUI) but excludes minor traffic violations. <b>If "yes,"</b> provide details and documentation regarding the final disposition of any charges, including any deferred adjudication disposition. <b>Failure to acknowledge this will result in processing delays.</b>	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
15. Is this application being made for the benefit of someone else? If yes, what is the relationship? _____	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
16. The applicant understands and agrees to: a. hold classes in facilities that meet the requirements in the Americans with Disabilities Act (ADA). b. report to the Commission any proposed training session at least three business days before conducting the session, and the cancellation of any previously reported session by the 10 <sup>th</sup> of the following month. c. instruct the program as submitted to and approved by the Texas Alcoholic Beverage Commission. d. have qualified trainers and are currently certified.	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>

<p><b>16.</b> The applicant understands and agrees to:</p> <p>e. allow a representative of the Texas Alcoholic Beverage Commission free access to all schools and training sessions.</p> <p>f. submit any program changes or modifications to the Commission for prior approval.</p> <p>g. submit to the Commission any changes in address, name, phone number and/or contact person.</p> <p>h. submit to the Commission any program status changes, such as no longer offering classes, deletion of trainers, etc.</p>	<p><input type="checkbox"/> Yes    <b>No</b>    <input type="checkbox"/></p> <p><input type="checkbox"/> Yes    <b>No</b>    <input type="checkbox"/></p> <p><input type="checkbox"/> Yes    <b>No</b>    <input type="checkbox"/></p> <p><input type="checkbox"/> Yes    <b>No</b>    <input type="checkbox"/></p>
<p><b>17.</b> Applicant understands that the School-Program Certification may be revoked for violation of Chapter 50 of the Rules of the Texas Alcoholic Beverage Commission.</p>	<p><input type="checkbox"/> Yes    <b>No</b>    <input type="checkbox"/></p>
<p><b>18.</b> Applicant has attached to the application 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.</p> <p>If no, explain: _____</p>	<p><input type="checkbox"/> Yes    <b>No</b>    <input type="checkbox"/></p>
<p><b>19.</b> If submitting an Original program, the applicant affirms that all contents are original and were developed by the applicant.</p> <p>If "no," attach an affidavit or give a brief explanation. _____</p>	<p><input type="checkbox"/> Yes    <b>No</b>    <input type="checkbox"/></p>

**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 in number 6.

\_\_\_\_\_  
Signature must appear as name shown in number 6.

**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**