



Business Packet

L-B (1/2009)

The Business Packet should be completed by new applicant/entity that does not currently hold an active license/permit issued by the TABC. You must complete the entire Business Packet including all necessary ownership information and personal history sheets. This packet includes L-B and the below entity pages that coincide with your business structure.

- L-C (corporation, trust, city, county or university)
- L-LLC (limited liability company)
- L-P (partnership)
- L-40.2 (personal history sheet)

For example: If your entity is a corporation, you will submit your corporate information on L-C (corporation). If your entity is a limited liability company, you will submit your information on L-LLC (limited liability company). If your entity is a partnership or limited partnership, you will submit your information on L-P (partnership).

If you are applying as an individual, you will submit this page and the L-40.2 (personal history sheet).

OWNER INFORMATION

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 | |

Owner of Business/Applicant

Federal Employer Identification No. (FEIN)

BUSINESS INFORMATION

Has any person listed in this Business Packet, or his or her spouse, been finally convicted or received deferred adjudication for any of the following offenses? Yes No

If "YES," indicate type of offense and attach an explanation:

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

If "YES," has it been five years since the termination of a sentence, parole or probation served for any offenses indicated above? Yes No

If "NO," attach an explanation.

Has any person listed in this Business Packet, or his or her spouse, had a cancellation of a license or permit in the past five years? Yes No

If "YES," attach an explanation.

The applicant or license/permit holder may have an interest, directly or indirectly, in only one level of the alcoholic beverage industry; i.e., manufacturing, wholesaling or retailing. You or your agent, servant or employee may not be employed in any capacity at different levels, may not rent or lease property or equipment from or to an entity operating at another level, may not secure credit or a loan in any form for an entity at another level, cannot control in any fashion the interests of a licensee/permittee at a different level.

Is any person listed in this Business Packet in violation of the above requirements? Yes No
 If "YES," attach an explanation.

WARNING AND SIGNATURE

If Applicant Is/Who 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 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."

BY SIGNING YOU ARE SWEARING TO ALL INFORMATION AND ATTACHMENTS TO THIS PACKET.

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



Corporation

L-C (1/2009)

The Corporation Form should be completed for all officers, directors, stockholders, trustees, and beneficiaries holding ownership in this business. This page is included in the Business Packet for new applicants who do not currently hold an active license/permit issued by TABC under the below Federal Employer Identification Number.

Submit this page with the completed business packet to your local TABC office after you receive prequalification for your location. For more information on how to prequalify, to find your local district office, and to determine ownership submission go to: www.tabc.state.tx.us.

ENTITY INFORMATION

Federal Employer Identification No. (FEIN)

Business Entity Name

Charter No.

Date Approved (mm/dd/yyyy)

State

Class and Number of Shares Issued

/ /

CORPORATE OWNERSHIP INFORMATION

Officer Director Stockholder Trustee/Beneficiary

SSN Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

- -

/ /

Last Name

First Name

MI

Title

Officer Director Stockholder Trustee/Beneficiary

SSN Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

- -

/ /

Last Name

First Name

MI

Title

Officer Director Stockholder Trustee/Beneficiary

SSN Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

- -

/ /

Last Name

First Name

MI

Title

Officer Director Stockholder Trustee/Beneficiary

SSN Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

- -

/ /

Last Name

First Name

MI

Title

CORPORATE OWNERSHIP INFORMATION CONTINUED

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Class & No. of Shares	
Last Name		First Name		MI Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Class & No. of Shares	
Last Name		First Name		MI Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Class & No. of Shares	
Last Name		First Name		MI Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Class & No. of Shares	
Last Name		First Name		MI Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Class & No. of Shares	
Last Name		First Name		MI Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Class & No. of Shares	
Last Name		First Name		MI Title

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



Limited Liability Company

L-LLC (1/2009)

The Limited Liability Company Form should be completed for all officers, managers, and members holding ownership in this business. This page is included in the Business Packet for new applicants who do not currently hold an active license/permit issued by TABC under the below Federal Employer Identification Number.

Submit this page with the completed business packet to your local TABC office after you receive prequalification for your location. For more information on how to prequalify, to find your local district office, and to determine ownership submission go to: www.tabc.state.tx.us.

ENTITY INFORMATION

Federal Employer Identification No. (FEIN)		
Business Entity Name		
Charter No.		
Date Approved (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			
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held
Last Name		First Name	MI Title
<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member			
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held
Last Name		First Name	MI Title
<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member			
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held
Last Name		First Name	MI Title
<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member			
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held
Last Name		First Name	MI Title

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION CONTINUED

Officer Manager Member

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held	
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Last Name	First Name	MI	Title
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Officer Manager Member

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held	
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Last Name	First Name	MI	Title
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Officer Manager Member

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held	
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Last Name	First Name	MI	Title
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Officer Manager Member

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held	
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Last Name	First Name	MI	Title
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Officer Manager Member

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held	
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Last Name	First Name	MI	Title
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Officer Manager Member

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held	
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Last Name	First Name	MI	Title
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Officer Manager Member

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held	
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Last Name	First Name	MI	Title
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IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



Partnership

L-P (2/2009)

The Partnership Form should be completed for all partnerships, limited partnerships, limited liability partnerships, and joint ventures holding ownership in this business. This page is included in the Business Packet for new applicants who do not currently hold an active license/permit issued by TABC under the below Federal Employer Identification Number.

Submit this page with the completed Business Packet to your local TABC office after you receive prequalification for your location. For more information on how to prequalify, to find your local district office, and to determine ownership submission go to: www.tabc.state.tx.us.

ENTITY INFORMATION

Federal Employer Identification No. (FEIN).

Business Entity Name

Charter No.

Date Approved (mm/dd/yyyy)

/ /

State

PARTNERSHIP INFORMATION

General Partner Limited Partner

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent of Interest	
Last Name		First Name	MI	Title

General Partner Limited Partner

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent of Interest	
Last Name		First Name	MI	Title

General Partner Limited Partner

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent of Interest	
Last Name		First Name	MI	Title

General Partner Limited Partner

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent of Interest	
Last Name		First Name	MI	Title

PARTNERSHIP INFORMATION CONTINUED

<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent of Interest	
Last Name		First Name		MI Title
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent of Interest	
Last Name		First Name		MI Title
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent of Interest	
Last Name		First Name		MI Title
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent of Interest	
Last Name		First Name		MI Title
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent of Interest	
Last Name		First Name		MI Title
<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent of Interest	
Last Name		First Name		MI Title

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



PERSONAL HISTORY SHEET

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.

FORM L-40.2 (6/2009)

APPLICANT	1. Trade Name: _____						
	2. Location Address: _____						
	3. Applicant's Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						
	4. Applicant's Social Security Number - -		Issuing State/ Driver's License No		Date of Birth (mm/dd/yyyy) / /		
Applicant's Full Legal Name (Last, First, Middle)				Place of Birth (City, State, Country)			
Race		Sex	Height	Weight	Hair Color	Eye Color	
APPLICANT'S SPOUSE	5. Spouse's Social Security Number - -		Issuing State/ Driver's License No		Date of Birth (mm/dd/yyyy) / /		
	Spouse's Full Legal Name (Last, First, Middle)				Place of Birth (City, State, Country)		
	Race		Sex	Height	Weight	Hair Color	Eye Color
	6. Do you live with anyone over the age of 18, other than your spouse? 6. <input type="checkbox"/> YES <input type="checkbox"/> NO If " YES ," please provide their information below: (If additional space is needed, please attach a page with information.)						
Social Security Number - -		Issuing State/ Driver's License No		Date of Birth (mm/dd/yyyy) / /	Relationship		
Full legal name (Last, First, Middle)				Race	Sex		
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 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. (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	
					/	/	
					/	/	
8. Area Code + Business Phone No. () -		Area Code + Residential Phone No. () -		Area Code + Mobile Phone No. (optional) () -			
RESIDENT STATUS	9A. Are you a U.S. citizen? 9A. <input type="checkbox"/> YES <input type="checkbox"/> NO						
	B. If " YES ," answer the following: <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized. If "Naturalized," please provide the " A " Number here. A: _____						
	C. If " NO ," answer the following: 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. (If additional space is needed, please attach a page with information.) _____						
DISTRICT OFFICE	APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO SPOUSE <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO						
	CH - Date Entered / /		ID #		Date Verified / /	ID#	Location Check
	Supervisor's Signature				Destroy Date / /	#	

PERSONAL HISTORY SHEET

EMPLOYMENT HISTORY

10. List employment for the *past five (5) years* beginning with your current employer. Indicate periods of unemployment or retirement, including dates. If retired, include name of company from which you retired and the position you held. Also indicate if not employed outside your home.
(If additional space is needed, attach a separate sheet.)

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

INDIVIDUAL FINANCIAL INFORMATION

11. This section is for you to list the total amount of your personal investment in this location. Include notes, loans, gifts, cash, services or equipment, and operating capital. Provide investment details. 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's 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 APPLICANT OATH

SIGN AND NOTARIZE

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.

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 or TABC Agent