



José Cuevas, Jr.
Presiding Officer-Midland

Steven M. Weinberg, MD, JD
Member-Colleyville

Melinda S. Fredricks
Member-Conroe

Alan Steen
Administrator

FORM L-105A (9/2009)

INFORMATION AND INSTRUCTION FOR FORWARDING CENTER AUTHORITY

FORWARDING CENTER AUTHORITY- Allows the holder, who is a member of the manufacturing tier who is transporting alcoholic beverages into the state, or from point to point within the state, to hold such alcoholic beverages, temporarily, in a regional forwarding center. The holders of the following permit/license classes will be allowed to temporarily hold alcoholic beverages at one of these forwarding centers: non resident seller's, brewer's, distiller's and rectifier's, winery permits, manufacturer's and nonresident manufacturer's licenses. A regional forwarding center must be located in an area that is wet of the type of alcoholic beverages held therein. City and county certifications will be required for this authority. The State fee is \$2,000 with a surcharge of \$236 and the permit will expire two years from date of issuance. See Rule §35.6 concerning this authority.

INSTRUCTIONS

1. Beginning September 1, 2009, the permit covered under this form will be issued for a two-year period. You **MUST** renew for the entire two-year period. Mail the original application, along with the correct permit fee, to the Texas Alcoholic Beverage Commission, P.O. Box 13127, Austin, Texas 78711. Keep duplicate for your files. The total amount of fees plus surcharges to cover the two-year period **MUST** be paid at the time of renewal. Fees may **NOT** be prorated or refunded. The fee must be paid with a Cashier's Check, Money Order, or Firm Check from a corporate permittee made payable to the Comptroller of Public Accounts. Personal checks are not accepted.
2. Answer questions 1 through 6 and all others that apply. Question 3 must indicate name(s) of Regional Forwarding Center or 3rd party operator(s). Ensure application is signed by individual/officer/manager/partner of manufacturer and have signature acknowledged by a notary public.
3. Addresses or Location of Regional Forwarding Center – If a street address is not available, give the name of street of highway on which the business is located as well as which side, north, south, east or west, and description to some fixed point. Example: Hwy. 10 West Side, 1 mile North Courthouse or Hwy. 10 West Side, 1 mile North Intersection Hwy. 20. If not located in a city or town, give name or number of the road or highway, which side and the distance and direction from some fixed point as the courthouse or post office of nearest city or town in the county where the application is filed.
4. If you need additional information, please do not hesitate to contact this office at (512) 206-3360.

(CONTINUED ON NEXT PAGE)

P.O. Box 13127, Austin, Texas 78711-3127

• (512) 206-3333 •

www.tabc.state.tx.us

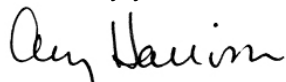
An Equal Opportunity Employer

§35.6. Regional Forwarding Centers.

- (a) This rule relates to Alcoholic Beverage Code, §§37.01(2), 62.08, 63.01 and 42.01(a).
- (b) Members of the manufacturing tier who are transporting alcoholic beverages into the state, or from point to point within the state under the authority of §§37.01(2), 42.01(a), 62.08(a) and 63.01 may temporarily hold such alcoholic beverages in a regional forwarding center, subject to the following conditions:
 - (1) A regional forwarding center is a facility wherein alcoholic beverages may be held under the control of the manufacturing tier member responsible for shipping the alcoholic beverages.
 - (2) The regional forwarding center may be operated by a third party who acts as the agent of the manufacturing tier member in arranging for interstate or intrastate shipments of alcoholic beverages to permittees and licensees authorized to receive such beverages or for shipment to locations outside the state.
 - (3) No member of the wholesale or retail tiers of the alcoholic beverage industry may, directly or indirectly, hold any interest in, or right of operation of a regional forwarding center.
 - (4) No sale of alcoholic beverages may be made to a person or entity from a regional forwarding center. For purposes of this rule, a "sale" occurs when an order is taken and/or payment is made.
 - (5) No member of the retail tier may take delivery of alcoholic beverages at a regional forwarding center.
 - (6) A regional forwarding center must be located in an area that is wet for the type of alcoholic beverages held therein.
 - (7) A licensee or permittee, by using a regional forwarding center under the authority of this rule, consents to inspection of such facility by the commission, its agents or employees, or any peace officer, to the same extent as consent is given for inspection of licensed premises by §101.04 of the Alcoholic Beverage Code.
- (c) Licensees and permittees using regional forwarding centers under the authority of this rule shall, on forms provided by the commission, make monthly reports to the commission of all alcoholic beverages received in or transferred from the regional forwarding center and other information as requested by the commission. Such reports shall be signed by the custodian of the regional forwarding center and filed with the commission at its offices in Austin, Texas, postmarked not later than the 15th day of the month following the calendar month for which the report is submitted.
- (d) The information required by subsection (c) of this section shall be maintained as a contemporaneous record at the regional forwarding center with information relating to specific shipments entered into the record on the day the shipment is received or sent.
- (e) Licensees and permittees using regional forwarding centers under the authority of this rule shall pay an annual fee of \$1,000 to the commission.

Effective: April 13, 1999

Sincerely yours,



Amy Harrison, Director



APPLICATION FOR FORWARDING CENTER AUTHORITY

(ONLY THE HOLDERS OF THE FOLLOWING PERMIT/LICENSE CLASSES
MAY OBTAIN THIS AUTHORITY: MANUFACTURER'S LICENSE, NONRESIDENT
MANUFACTURER'S LICENSE, BREWER'S PERMIT, DISTILLER'S AND
RECTIFIER'S PERMIT, WINERY PERMIT AND NONRESIDENT BREWER'S
PERMIT.)

TYPE OR PRINT IN INK
FORM L-105 (2/2009)

TABC USE ONLY		ISSUE DATE	FEE	SURCHARGE	LATE FEE (RENEWAL ONLY)
	FC -	/ /	\$2,000	\$236	
ALL APPLICANTS	1A. APPLICATION FILED FOR: <input type="checkbox"/> Original <input type="checkbox"/> Renewal Change <input type="checkbox"/> Change: _____				Registry No.
	B. If renewal or change, enter Authority Number: FC - _____				
	2. ↓APPLICATION IS FILED BY: (Indicate current manufacturing license or permit number issued by Texas and the name of entity currently holding license or permit.) TABC License/Permit Number: _____ Entity Name: _____				
	3. ↓Name of Regional Forwarding Center _____				
	4. Address or Location City _____ County _____ State _____ Zip Code (9 digits) _____				
	5. Mailing Address City _____ State _____ Zip Code (9 digits) _____				
6. Area Code + Business Telephone Number () -		Area Code + Alternate Telephone Number () -		E-mail Address (optional) _____	
TABC USE ONLY	PROCESSOR REVIEW DATE	/ /	WRITTEN PROCESS DATE	/ /	
	END PROCESS DATE	/ /	PROCESSOR I.D.		



PARTNERSHIPS/CORPORATIONS

TRADE NAME: _____

FORM L-106-PC (8/2005)

FOR ALL OFFICER(S), PARTNER(S), DIRECTOR(S), MANAGER(S), STOCKHOLDER(S) AND MEMBER(S).

1A. Indicate type of ownership and complete the information below:

Corporation Limited Liability Company Partnership Limited Partnership Limited Liability Partnership

B. Federal Employer's I.D. No.: _____

C. Entity Name: _____

D. Charter No.: _____ **Date Approved:** ____ / ____ / ____ **State:** ____

E. Number and class of shares, memberships or units issued: _____

2. COMPLETE THE FOLLOWING PER INSTRUCTIONS:

Social Security Number - -	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy) / /	Class & No. Shares Held or % Memberships or % Interest	
Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/ Manager <input type="checkbox"/> Stockholder/ Member				Title
Residential Address		City	State	Zip Code (9 digits) -
Social Security Number - -	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy) / /	Class & No. Shares Held or % Memberships or % Interest	
Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/ Manager <input type="checkbox"/> Stockholder/ Member				Title
Residential Address		City	State	Zip Code (9 digits) -
Social Security Number - -	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy) / /	Class & No. Shares Held or % Memberships or % Interest	
Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/ Manager <input type="checkbox"/> Stockholder/ Member				Title
Residential Address		City	State	Zip Code (9 digits) -
Social Security Number - -	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy) / /	Class & No. Shares Held or % Memberships or % Interest	
Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/ Manager <input type="checkbox"/> Stockholder/ Member				Title
Residential Address		City	State	Zip Code (9 digits) -
Social Security Number - -	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy) / /	Class & No. Shares Held or % Memberships or % Interest	
Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/ Manager <input type="checkbox"/> Stockholder/ Member				Title
Residential Address		City	State	Zip Code (9 digits) -

(IF YOU NEED ADDITIONAL SPACE FOR MORE NAMES, USE ADDITIONAL COPIES OF THIS PAGE)



APPLICATION FOR FORWARDING CENTER AUTHORITY CONTINUED

TRADE NAME: _____

FORM L-105 (2/2009)

PLEASE READ THIS IMPORTANT STATEMENT BEFORE SIGNING THIS APPLICATION.

The holder of this authority may have an interest directly or indirectly, in on only the manufacturing level of the Alcoholic Beverage Industry. You or your agent, servant, or employee, including 3rd party operators, may not be employed in any capacity at wholesale or retail levels, may not rent or lease property or equipment from or to an entity operating at wholesale or retail levels, may not secure credit or a loan in any form for an entity at wholesale or retail levels, cannot control in any fashion the interests of a permittee or licensee at wholesale or retail levels.

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code is as follows: "...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."

ACKNOWLEDGMENT

ACKNOWLEDGMENT

If Applicant is:	Who Must Sign:
Individual	Individual Owner
Partnership	Partner
Corporation	Officer
Limited Partnership	General Partner
Limited Liability Partnership	General Partner
Limited Liability Company	Office or Manager

PRINT NAME: _____
NAME OF MANUFACTURER

SIGN HERE: _____
SIGNATURE OF MANUFACTURER

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 read the said application and that all the facts therein set forth are true and correct.

SIGN HERE: _____
NOTARY PUBLIC

SEAL

CERTIFICATE OF CITY SECRETARY

(if not in incorporated city, so state)

CERTIFICATE OF CITY SECRETARY

I hereby certify on this _____ day of _____, 20____, the location indicated in question 4 as the place of business is in a "**wet area**," for Beer / Wine / Distilled Spirits
(Circle all that apply)
and that such location is inside the boundaries of this city..

SIGN HERE: _____, Texas
City Secretary/Clerk

SEAL

CERTIFICATE OF COUNTY CLERK

CERTIFICATE OF COUNTY CLERK

I hereby certify on this _____ day of _____, 20____, the location indicated in question 4 as the place of business is in a "**wet area**," for Beer / Wine / Distilled Spirits
(Circle all that apply)

SIGN HERE: _____ County
County Clerk

SEAL



Regional Forwarding Center Name/Third Party Operator

L-105-FC (3/2009)

Regional Forwarding Center DBA
Business Entity Name for Regional Forwarding Center
Federal Employer Identification No. (FEIN) for Regional Forwarding Center

COMPLETE THE FOLLOWING:

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Title/Owner
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Title/Owner
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Title/Owner
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Title/Owner
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Title/Owner
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Title/Owner

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE