



APPLICATION FOR AIRLINE BEVERAGE PERMIT, CARRIER'S PERMIT, INDUSTRIAL PERMIT, LOCAL INDUSTRIAL ALCOHOL MANUFACTURER'S PERMIT, MARKET RESEARCH PACKAGER'S PERMIT, PASSENGER TRAIN BEVERAGE PERMIT

TYPE OR PRINT IN INK
FORM L-102 (2/2009)

TABC USE ONLY		ISSUE DATE	FEE	SURCHARGE	LATE FEE (RENEWAL ONLY)

TABC USE ONLY	1A. APPLICATION FILED FOR: <input type="checkbox"/> AB AIRLINE BEVERAGE PERMIT (ONLY FOR CORPORATIONS) <input type="checkbox"/> C CARRIER'S PERMIT <input type="checkbox"/> I INDUSTRIAL PERMIT <input type="checkbox"/> LI LOCAL INDUSTRIAL ALCOHOLIC MANUFACTURER'S PERMIT <input type="checkbox"/> MR MARKET RESEARCH PACKAGER'S PERMIT <input type="checkbox"/> PT PASSENGER TRAIN BEVERAGE PERMIT (ONLY FOR CORPORATIONS)	Registry No. _____
	B. APPLICATION FILED FOR: <input type="checkbox"/> Original <input type="checkbox"/> Renewal Change <input type="checkbox"/> Change: _____ C. If renewal or change, enter license/permit no(s): _____	

AB, C, I, LI, MR, PT	2. APPLICATION IS FILED BY:			
	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	
	3. Trade Name of Business			

	4. Address or Location			
City		County	State	Zip Code (9 digits)
_____		_____	_____	_____
5. Mailing Address		City/Foreign Country	State	Zip Code (9 digits)
_____		_____	_____	_____
6. Area Code + Business Telephone Number	Area Code + Alternate Telephone Number	E-mail Address (optional)		
() - _____	() - _____	_____		

FOR INDIVIDUAL	FOR INDIVIDUAL		
	7. Social Security Number	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy)
	_____	_____	____/____/____
	Full Legal Name (Last, First, Middle)		

Residential Address		City	State Zip Code (9 digits)
_____		_____	____/____/____

TABC USE ONLY	PROCESSOR REVIEW DATE	/ /	WRITTEN PROCESS DATE	/ /
	END PROCESS DATE	/ /	PROCESSOR I.D.	



PARTNERSHIPS/CORPORATIONS

TRADE NAME:

FORM L-102-PC (12/2007)

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: _____

2. COMPLETE THE FOLLOWING PER INSTRUCTIONS:

FOR ALL OFFICER(S), PARTNER(S), DIRECTOR(S) AND MANAGER(S)

Social Security Number - -	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy) / /	
Full Legal Name of Partner (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager			Title
Residential Address		City	State ZIP Code (9 Digits) -
Social Security Number - -	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy) / /	
Full Legal Name of Partner (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager			Title
Residential Address		City	State ZIP Code (9 Digits) -
Social Security Number - -	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy) / /	
Full Legal Name of Partner (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager			Title
Residential Address		City	State ZIP Code (9 Digits) -
Social Security Number - -	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy) / /	
Full Legal Name of Partner (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager			Title
Residential Address		City	State ZIP Code (9 Digits) -
Social Security Number - -	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy) / /	
Full Legal Name of Partner (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager			Title
Residential Address		City	State ZIP Code (9 Digits) -
Social Security Number - -	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy) / /	
Full Legal Name of Partner (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/Manager			Title
Residential Address		City	State ZIP Code (9 Digits) -



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TRADE NAME:

FORM L-102 (2/2009)

AIRLINE BEVERAGE PERMIT

FOR AIRLINE BEVERAGE PERMIT

- 8A.** Do you operate a commercial passenger airplane in compliance with a valid license, permit or certificate issued under the authority of the United States or the State of Texas? **8A.** YES NO
- B.** Give address of location in Texas where records will be kept and available for inspection:

CARRIER'S PERMIT

FOR CARRIER'S PERMIT

- 9A.** Specify your classification: water carrier airline carrier railway carrier motor carrier
- B.** If a common carrier or motor carrier, indicate under which authority do you operate.
 (1) Under (Chapter 643, Transportation Code)
-OR-
 (2) Under a certificate issued by the Surface Transportation Board.
- C.** Give address of location in **Texas** where records will be kept or indicate, "records will be available for inspection upon request."

INDUSTRIAL PERMIT

FOR INDUSTRIAL PERMIT

- 10.** State fully the nature of business in which applicant is engaged and also state for what purpose alcohol or wine is to be used:

LOCAL INDUSTRIAL ALCOHOL MANUFACTURER'S PERMIT

FOR LOCAL INDUSTRIAL ALCOHOL MANUFACTURER'S PERMIT
NOTE: Plant plans and specifications must be submitted as part of your application.

- 11A.** Do you at this time request permission to store alcohol at a storage facility that is under your control located off the licensed premises? **11A.** YES NO
 If answer is "YES," give address of location.

- B.** Have you provided the following:
1. General layout and location of the entire production operation? **B1.** YES NO
 2. Specific design of distilling equipment? **2.** YES NO
 3. Detailed plans and specifications of the final production phase? **3.** YES NO
 4. Plans for security precautions to prevent unauthorized beverage use of the production facility? **4.** YES NO

NOTE: Supplemental information will be required if the material submitted is inadequate. Your operation will be subject to continuing review and evaluation. Further modification of equipment or procedure may be required at any time. Any changes or modifications of plant and specifications must be submitted to and approved by this office.

- C.** Describe method or procedure or indicate additive used to render the alcohol unfit for human consumption.



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TRADE NAME: _____

FORM L-102 (2/2009)

LOCAL INDUSTRIAL ALCOHOL MANUFACTURER'S PERMIT

D1. Do you plan to transport alcohol produced under this permit?
If "YES," give method used to transport.

D1. YES NO

-OR-

D2. Give the following information concerning the vehicles to be used with this permit.
(If additional space is needed, attach a page)

MAKE	MODEL	YEAR	LICENSE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MARKET RESEARCH PACKAGER'S PERMIT

FOR MARKET RESEARCH PACKAGER'S PERMIT

12A. Indicate name of permittee from whom your product is received.

B. Will the product be received from inside or outside the state?

12B. Inside State
 Outside State

PASSENGER TRAIN BEVERAGE PERMIT

FOR PASSENGER TRAIN BEVERAGE PERMIT

13A. Is the applicant corporation organized under Title 112, Revised Statutes or Rail Passenger Service Act of 1970 as amended (45 U.S.C.A. Section 501 et seq.)?

13A. YES NO

B. Does the applicant operate a commercial passenger train service?

B. YES NO

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 MUST APPEAR AS NAME SHOWN IN QUESTION 7 ON L-102 OR 2 ON L-106-PC

SIGN HERE: _____
SIGNATURE MUST APPEAR AS NAME SHOWN IN QUESTION 7 ON L-102 OR 2 ON L-106-PC

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