



# APPLICATION FOR NONRESIDENT SELLER'S PERMIT, NONRESIDENT BREWER'S PERMIT AND NONRESIDENT MANUFACTURER'S LICENSE

FIRST READ ALL INSTRUCTIONS

TYPE OR PRINT IN INK  
FORM L-103 (9/2009)

|   | ISSUE DATE   | FEE  | SURCHARGE  | LATE FEE (RENEWAL ONLY)     |                       |                 |
|---|--|--|--|-----------------------------|-----------------------|-----------------|
| <b>TABC USE ONLY</b>  | <b>S</b>   |  |  |                             |                       |                 |
|   | <b>U</b>   |  |  |                             |                       |                 |
|   | <b>BS</b>  |  |  |                             |                       |                 |
| <b>FOR ALL APPLICANTS</b>                                     | <b>1A. APPLICATION FILED FOR:</b>  |  | Registry No. _____                               |                             |                       |                 |
|   | <input type="checkbox"/> <b>S</b> NONRESIDENT SELLER'S PERMIT<br><input type="checkbox"/> <b>U</b> NONRESIDENT BREWER'S PERMIT<br><input type="checkbox"/> <b>BS</b> NONRESIDENT MANUFACTURER'S LICENSE  |  |  |                             |                       |                 |
|   | <b>B. APPLICATION FILED FOR:</b>   |  |  |                             |                       |                 |
|   | <input type="checkbox"/> Original <input type="checkbox"/> Renewal Change <input type="checkbox"/> Change of: _____  |  |  |                             |                       |                 |
|   | C. If renewal or change, enter license/permit no(s):   |  |  |                             |                       |                 |
|   | S- _____ U- _____ BS- _____  |  |  |                             |                       |                 |
|   | <b>2. APPLICATION IS FILED BY:</b>   |  |  |                             |                       |                 |
|   | <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other: _____<br><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) _____ |  |                             |                       |                 |
| <b>FOR INDIVIDUAL</b>   | <b>FOR INDIVIDUAL</b>  |  |  |                             |                       |                 |
|   | 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 ) _____ |                       |                 |
| <b>FOR ALL APPLICANTS</b>                                     | <b>ALL APPLICANTS</b>  |  |  |                             |                       |                 |
|   | <b>8. Give name, address, and phone number of appointed agent, resident of Texas, certified by applicant to the Secretary of State at Austin, Texas, as the person upon whom notice of a hearing may be served concerning matters, proceedings, hearings and causes involving the refusal, cancellation or suspension of a permit or license issued by this commission. Name shown here must be the same as that shown on Form L-20.2.</b><br>Name: _____<br>Address: _____<br>Phone Number: ( ) - _____ |  |  |                             |                       |                 |
| <b>TABC USE ONLY</b>  | INITIAL APPLICATION INCOMPLETE   | <b>YES - NO</b>  | ADDITIONAL CORRESPONDENCE                        | <b>YES - NO</b>             | PROCESSOR REVIEW DATE | / /             |
|   | DATE CROSS CHECKED   | <b>YES - NO</b>  | # OF PAGES                                       |                             | CROSS CHECK DATE      | / /             |
|   | WRITTEN PROCESS DATE   | / /  | END PROCESS DATE                                 | / /                         | PROCESSOR I.D.        | PROCESSOR ERROR |

# PARTNERSHIPS/CORPORATIONS

**TRADE NAME:** \_\_\_\_\_

FORM L-106-PC (8/2005)

**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:**

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

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

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

# ALL APPLICANTS

TRADE NAME: \_\_\_\_\_

FORM L-103 (9/2009)

**FOR ALL APPLICANTS**

### ALL APPLICANTS

- 9.** The applicant or permit and license holder may have an interest, directly or indirectly in only one level of the alcoholic beverage industry; i.e. manufacture, wholesale or retail. You or your agent, servant or employee may not:
1. be employed in any capacity at different levels,
  2. rent or lease property or equipment from or to an entity operating at another level,
  3. secure credit or a loan in any form for an entity at another level,
  4. control in any fashion the interests of a permittee or licensee at a different level.
- A.** Are you or anyone indicated in questions 7 on L-103 or 2 on L-106-PC in violation of the above requirements? **9A.**  YES  NO
- If "YES," explain below: (If more space is needed, attach a page.)

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**FOR NONRESIDENT SELLER'S PERMIT**

### FOR NONRESIDENT SELLER'S PERMIT

**NOTE:** Section 37.10(a) and (b) provides: "No holder of a nonresident seller's permit may solicit, accept, or fill an order for distilled spirits or wine from a holder of any type of wholesaler's permit unless the nonresident seller is the primary source for the brand of distilled spirits or wine that is ordered. In this section, "primary American source of supply" means the distiller, the producer, the owner of the commodity at the time it becomes a marketable product, the bottler, or the exclusive agent of any of those. To be the "primary American source of supply" the nonresident seller must be the first source, that is the manufacturer or the source closest to the manufacturer, in the channel of commerce from whom the product can be secured by American wholesalers."

- 10.** Is the applicant "the primary American source of supply" for any brands of distilled spirits or wine within the meaning of Section 37.10(a) and (b) of the Texas Alcoholic Beverage Code? **10.**  YES  NO
- If "YES," specify the manufacturer and brands of distilled spirits and/or wine.  
(If more space is needed, attach a page.)

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**FOR NONRESIDENT MANUFACTURER'S LICENSE**

### FOR NONRESIDENT MANUFACTURER'S LICENSE

**NOTE:** IF APPLYING FOR A NONRESIDENT BREWER'S PERMIT AND/OR NONRESIDENT MANUFACTURER'S LICENSE, EACH LOCATION WHERE PRODUCT IS MANUFACTURED AND SHIPPED INTO THIS STATE MUST APPLY FOR AND OBTAIN A PERMIT OR LICENSE.

- 11A.** Will the applicant actually engage in the business of brewing and packaging beer within a three year period covered by its original license and two successive renewals thereof in such quantities as will make its operation that of a bona fide brewing manufacturer? **11A.**  YES  NO
- B.** Is applicant the actual manufacturer of the beer to be imported into the State of Texas? **B.**  YES  NO
- C.** Is location in question 4 the actual manufacturing location of the product being shipped into Texas? **C.**  YES  NO
- If answer is "NO," application cannot be approved.
- D.** Will the applicant transport beer into Texas in vehicles owned or leased by applicant? **D.**  YES  NO
- If answer is "YES," refer to #4 of the instructions shown on page 4 for necessary bond requirement.

**NONRESIDENT BREWER'S PERMIT**

### FOR NONRESIDENT BREWER'S PERMIT

- 12.** Is location in question 4 the actual manufacturing location of the product being shipped into Texas? **12.**  YES  NO
- If answer is "NO," application cannot be approved.

# ACKNOWLEDGMENT

TRADE NAME: \_\_\_\_\_

FORM L-103 (9/2009)

**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     | Officer or Manager |

(S E A L)

**PRINT NAME:** \_\_\_\_\_

NAME MUST APPEAR AS NAME SHOWN IN QUESTION 7 ON L-103 OR 2 ON L-106-PC.

**SIGN HERE:** \_\_\_\_\_

SIGNATURE MUST APPEAR AS NAME SHOWN IN QUESTION 7 ON L-103 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

**INSTRUCTIONS**

## INSTRUCTIONS

- Beginning September 1, 2009 the license covered under this form will be issued for a two-year period. You **MUST** renew for the entire two-year period. 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.
- Prepare the application in duplicate. Mail the original application to the Texas Alcoholic Beverage Commission, P.O. Box 13127, Austin, Texas 78711 with the correct license/permit fees, surcharges and bond (if required). Keep duplicate for your files. Fees and surcharges must be paid with Cashier's Check, Money Order, or Firm Check from a corporate permittee made payable to the Comptroller of Public Accounts. We will not accept personal checks.

| Class of Permit or License         | Annual State Fee | *Surcharge Effective 9/01/09 | Total Due  |
|------------------------------------|------------------|------------------------------|------------|
| Nonresident Seller's Permit        | \$300.00         | \$320.00                     | \$620.00   |
| Nonresident Brewer's Permit        | \$3,000.00       | \$320.00                     | \$3,320.00 |
| Nonresident Manufacturer's License | \$1,500.00       | \$490.00                     | \$1,990.00 |

\*SURCHARGE SUBJECT TO ANNUAL CHANGE

- \*Surcharges are subject to annual change. The surcharges assessed each year are determined by the Texas Alcoholic Beverage Commission and not by the Legislature. The Legislature determines the total dollar amount to be raised in agency revenue. The revenue is comprised of fees, which are set by the Legislature, and the surcharges which are determined by the agency.
- A Power of Attorney designating Service Agent on Form L-20.2 must be mailed directly to the Secretary of State of Texas. Only a **Texas resident, 18 years or older**, may be appointed as Service Agent. The power of attorney designating Service Agent should indicate the individual named in question 8 on L-103.
- Any Nonresident Manufacturer desiring to transport beer into this state in vehicles owned or leased by the Nonresident Manufacturer will be required to furnish a tax bond on Form 2-52.5 in the amount of \$10,000.00. The tax bond must be submitted prior to transporting the first shipment of beer. The bond must be executed by a Surety Company authorized to do business in Texas.
- If applicant is a partnership, 100% of the interest in the partnership must be accounted for among the partners listed. If one or more of your general or limited partners is a limited partnership or limited liability partnership, complete an additional Form L-106-PC for each partnership. If one or more of your general or limited partners is a corporation, complete Form L-106-PC for each corporation or limited liability company.
- If applicant is a publicly held corporation, provide pertinent information as indicated in 2 on L-106-PC on all stockholders holding 5% or more of the shares.

**THE FOLLOWING INFORMATION IS FOR TABCO HEADQUARTERS USE ONLY.  
DO NOT ENTER ANYTHING BELOW THIS BOX**

**TABCO USE ONLY**

**NOTE: TAX SECURITY BS – ONLY REQUIRED IF QUESTION 11D IS ANSWERED "YES."**

|                  |       |
|------------------|-------|
| NAME             | _____ |
| ADDRESS          | _____ |
| CITY, STATE, ZIP | _____ |
| NUMBER           | _____ |
| TYPE             | _____ |
| AMOUNT           | _____ |