



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)

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 - -	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