



APPLICATION FOR OUT-OF-STATE WINERY DIRECT SHIPPER'S PERMIT

TRADE NAME:

FORM L-106 (2/2009)

DS -	ISSUE DATE / /	FEE \$150	SURCHARGE \$320	LATE FEE (RENEWAL ONLY)
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FIRST READ ALL INSTRUCTIONS - TYPE OR PRINT IN INK

ALL APPLICANTS

1. APPLICATION IS FOR:

Original Renewal/Change Change of: _____

If renewal or change, enter the Permit No. DS-

Registry No.

2. APPLICANT IS:

Individual Corporation Limited Liability Company Partnership
 Limited Partnership Limited Liability Partnership Other: _____

3. Trade Name of Business

4. Address of Location City State Zip Code (9 digits)

5. Mailing Address City State Zip Code (9 digits)

6. Business Telephone Number **Alternate Telephone Number** **E-Mail Address (optional)**

() - () - _____

7. Provide the applicant's Texas Sales Tax Permit Number: _____

NOTE: Your application cannot be approved without a valid Texas Sales Tax Permit Number.

8. Does the applicant hold a Winery Permit in the State of Texas? **8.** YES NO

9. Does the applicant operate a winery located in the United States and hold all state and federal permits necessary to operate the winery, including the federal winemaker's and blender's basic permit? **9.** YES NO

If "YES," please indicate your TTB Permit Number: _____

INDIVIDUALS

INSTRUCTIONS: If Individual Owner, complete question 10. For all others, refer to Instructions on this page.

10. Social Security Number **Issuing State / Driver's License Number** **Date of Birth (mm/dd/yyyy)**

_____ _____ / /

11. Full Legal Name (Last, First, Middle)

12. Permanent Mailing Address City State Zip Code (9 digits)

13. Residential Address City State Zip Code (9 digits)

INSTRUCTIONS

INSTRUCTIONS FOR: CORPORATIONS, LIMITED LIABILITY COMPANY, PARTNERSHIP, LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, OTHER.

For Corporations or Limited Liability Companies: Complete L-106-PC for all officer(s), partner(s), director(s), manager(s), stockholder(s), and member(s).

For Partnership, Limited Partnership, or Limited Liability Partnership: Complete L-106-PC ensuring you include all partners involved in business. If one or more of your general or limited partners is a limited partnership or limited liability partnership complete L-106-PC for each partnership.

If one or more of your general or limited partners is a corporation: Complete 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.

INITIAL APPLICATION INCOMPLETE YES - NO	ADDITIONAL CORRESPONDENCE YES - NO	PROCESSOR REVIEW DATE: / /
PROCESS DATE: / /	PROCESSOR I.D.:	PROCESSOR ERROR YES - NO



PARTNERSHIPS/CORPORATIONS

FORM L-106-PC (8/2005)

TRADE NAME: _____

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) -



APPLICATION FOR OUT-OF-STATE WINERY DIRECT SHIPPER'S PERMIT CONTINUED

TRADE NAME: _____

FORM L-106 (2/2009)

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., 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 permittee or licensee at a different level.

11. Are you or anyone indicated in questions 10 on L-106 or 2 on L-106-PC in violation of the above requirements? **11.** YES NO
 If "YES," explain below or attach page:

12A. Has any person named in questions 10 on L-106 or 2 on L-106-PC or his or her spouse been finally convicted or received deferred adjudication for a felony offense? **12A.** YES NO
B. If answer to 12A is "YES," has it been five years since the termination of a sentence, parole or probation served for any offenses indicated above? **B.** YES NO
 If "NO," attach an explanation.
C. Has any person named in questions 10 on L-106 or 2 on L-106-PC been convicted of any offense(s) under federal or state law, or municipal ordinance involving violations of an individual's civil rights or discrimination against an individual on the basis of race, color, creed or national origin? **C.** 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

If Applicant is:	Who Must Sign:
Individual	Individual Owner
Partnership	Partner
Corporation	Officer
Ltd. Partnership	General Partner
Ltd. Liability Partnership	General Partner
Ltd Liability Co.	Officer or Manager

I, the applicant, expressly submit to personal jurisdiction in Texas state and federal courts and expressly submit to venue in Travis County, Texas, as proper venue for any proceedings that may be initiated by or against the commission.

PRINT NAME: _____

SIGN HERE: _____

SIGNATURE MUST APPEAR AS NAME SHOWN IN QUESTION 10 on L-106 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 has read the said application and that all the facts therein set forth are true and correct.

SIGN HERE: _____

NOTARY PUBLIC

(SEAL)

1. Beginning January 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. 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.

2. 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 permit fees. Keep duplicate for your files.

3. Fee 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. The fees and surcharges are shown below:

Class of Permit	Annual State Fee	*Surcharge Effective 1/1/2009	Total Due
Out-Of-State Winery Direct Shipper's Permit	\$150	\$320	\$470.00

4. *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.

5. Tax security is required in an amount of \$1,000 to adequately protect the state against the anticipated tax liability and may be submitted as a: liquor tax bond from a surety company authorized to do business in Texas, or, a letter of credit, or, assignment of certificate of deposit or savings account from a Texas bank or credit union. These forms are available on the Texas Alcoholic Beverage Commission website at www.tabc.state.tx.us.

6. To obtain a Sales and Use Tax Permit access the Texas Comptroller's web site at www.window.state.tx.us. Should you require additional assistance contact Tax Assistance at (800) 252-5555.