



PARTNERSHIP

TRADE NAME: _____

FORM L-107-P (11/2005)

FOR ALL PARTNERS - NAMES OF PARTNER(S), LIMITED PARTNER(S) AND GENERAL PARTNER(S)

1. Have all partners of the general partnership or all general partners and 51% of the total ownership of the limited partnership or limited liability partnership legally resided in Texas for at least one year immediately preceding the filing of this application? 1. YES NO

2. All limited partnerships and limited liability partnerships must enter:

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

B. Entity Name: _____

C. Date Approved (mm/dd/yyyy): ____/____/____ State: _____

3.↓ COMPLETE THE FOLLOWING PER INSTRUCTIONS:

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"/> General Partner <input type="checkbox"/> Limited Partner			% of Interest
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"/> General Partner <input type="checkbox"/> Limited Partner			% of Interest
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"/> General Partner <input type="checkbox"/> Limited Partner			% of Interest
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"/> General Partner <input type="checkbox"/> Limited Partner			% of Interest
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"/> General Partner <input type="checkbox"/> Limited Partner			% of Interest
Residential Address		City	State ZIP Code (9 Digits) -

(IF YOU NEED MORE SPACE FOR PARTNERS, MAKE ADDITIONAL COPIES OF THIS PAGE. COMPLETE FORM L-107-C FOR CORPORATIONS AND LIMITED LIABILITY COMPANIES THAT ARE GENERAL OR LIMITED PARTNERS.)