



# APPLICATION FOR PROMOTIONAL PERMIT

TRADE NAME:

FORM L-107 (2/2009)

<b>TABC USE ONLY</b>		<b>ISSUE DATE</b>	<b>FEE</b>	<b>SURCHARGE</b>	<b>LATE FEE (RENEWAL ONLY)</b>
	<b>PR-</b>		<b>\$600</b>	<b>\$320</b>	
ALL APPLICANTS	<b>FIRST READ ALL INSTRUCTIONS - TYPE OR PRINT IN INK</b>				
	<b>1. APPLICATION IS FOR:</b>			Registry No.	
	<input type="checkbox"/> Original <input type="checkbox"/> Renewal/Change <input type="checkbox"/> Change of: _____ If renewal or change, enter the permit no.: PR- _____				
	<b>2. APPLICANT IS:</b>				
	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other _____				
	<b>3. Trade Name of Business</b>				
	<b>4. Mailing Address</b>		City	State	Zip Code (9 digits)
	Address of Location		City	State	Zip Code (9 digits)
	<b>5. Business Telephone Number</b>	<b>Alternate Telephone Number</b>	<b>E-Mail Address (optional)</b>		
	(   ) -   -   -	(   ) -   -   -			
INDIVIDUALS	<b>INSTRUCTIONS: If Individual Owner, complete question 7 &amp; 8. For all others, refer to Instructions on this page.</b>				
	<b>7. Social Security Number</b>	<b>Issuing State /Driver's License Number</b>	<b>Date of Birth (mm/dd/yyyy)</b>		
	-   -   -		/   /   /		
	Full Legal Name (Last, First, Middle)				
	Residential Address		City	State	Zip Code (9 digits)
<b>8. Has the person named in 7 above been a legal resident of Texas for <b>one year</b> immediately preceding the filing of this application?</b>					
<b>8. <input type="checkbox"/> YES <input type="checkbox"/> NO</b>					
CORPORATION(S), LLC(S) & PARTNERSHIP(S)	<b>INSTRUCTIONS FOR: CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, OTHER.</b>				
	<b>For Corporations or Limited Liability Companies:</b> Complete L-107-C for all officer(s), director(s), manager(s), stockholder(s), and member(s). If applicant is a publicly held corporation: Provide pertinent information as indicated in 4 on L-107-C on all stockholders holding 5% or more of the shares.				
	<b>For Partnership, Limited Partnership, or Limited Liability Partnership:</b> Complete L-107-P 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-107-P for each partnership. If one or more of your General or Limited Partners is a Corporation: Complete L-107-C for each corporation or limited liability company.				
TABC USE ONLY	<b>INITIAL APPLICATION INCOMPLETE</b>		<b>ADDITIONAL CORRESPONDENCE</b>		<b>PROCESSOR REVIEW DATE:</b>
	YES - NO		YES - NO		/   /
<b>PROCESS DATE:</b>		<b>PROCESSOR I.D.:</b>		<b>PROCESSOR ERROR</b>	
/   /				YES - NO	



# CORPORATION

TRADE NAME:

FORM L-107-C (11/2005)

FOR CORPORATION OR LIMITED LIABILITY COMPANY-OFFICER(S) AND DIRECTOR(S) OR CORPORATION, OFFICER(S) AND MANAGER(S) OF LIMITED LIABILITY COMPANY, STOCKHOLDERS/MEMBERS

1. If applicant is a corporation or limited liability company, enter the following information:

- A. Federal Employer's I.D. No. \_\_\_\_\_
- B. Entity Name \_\_\_\_\_
- C. Charter No. \_\_\_\_\_ Date Approved \_\_\_\_ / \_\_\_\_ / \_\_\_\_ State \_\_\_\_\_
- D. Number and class of shares, memberships or units issued: \_\_\_\_\_

2. Are at least 51% of each class of shares, memberships, or units issued owned by persons who are at least 21 years of age or older? 2.  YES  NO

3. Have the persons in 3 A, B and C, legally resided in Texas for at least **one year** immediately preceding the filing of this application?

- A. All officers? 3A.  YES  NO
- B. 51% of owners of each class of shares, memberships, or units issued? B.  YES  NO
- C. Majority of directors? C.  YES  NO

4.↓ COMPLETE THE FOLLOWING PER INSTRUCTIONS:

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



# 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) -



# APPLICATION FOR PROMOTIONAL PERMIT CONTINUED

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

FORM L-107 (2/2009)

ALL APPLICANTS

The applicant or holder of a Promotional Permit **MAY NOT** hold an interest, directly or indirectly in an entity holding a permit or license issued by the Texas Alcoholic Beverage Commission.

You or your agent, servant or employee **MAY NOT**:

- be employed in any capacity by a permit/license holder except for the contract to promote and enhance alcoholic beverages for promotional events
- rent or lease property or equipment from or to an entity holding a permit/license in Texas,
- secure credit or a loan in any form for an entity holding a permit/license in Texas,
- control in any fashion the interests of a permittee or licensee in Texas,
- hold a license or permit of any other type issued in Texas.

9. Are you or anyone named in questions 7 on L-107, 4 on L-107-C, or 3 on L-107-P, or your agent, servant or employee in violation of the above requirements? 9.  YES NO

If "YES," explain below or attach page:

\_\_\_\_\_

\_\_\_\_\_

10A. Has any person named in question 7 on L-107, 4 on L-107-C, or 3 on L-107-P or his or her spouse been finally convicted or received deferred adjudication for a felony offense? 10A.  YES NO

B. If answer to 10A 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 answer to 10B is "NO," attach an explanation.

C. Has any person named in question 7 on L-107, 4 on L-107-C, or 3 on L-107-P 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

11. I affirm that I will provide copies of all contracts with licensed/permitted entities to the Texas Alcoholic Beverage Commission Licensing Division in Austin prior to the promotional event. 11.  YES NO

12. I affirm that all agents, servants, or employees that are participating in promotional events will be provided with employment cards and that these cards **must** be kept on the person during promotional events and available for inspection by any authorized representative of the Texas Alcoholic Beverage Commission containing:

- the name of the promotional permit holder,
- the Promotional Permit number,
- name of employee, agent or servant,
- effective date of employment.

12.  YES NO

ACKNOWLEDGMENT

**WARNING:** Section 101.69 of the Texas Alcoholic Beverage Code states: "...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."

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

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

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

SIGNATURE MUST APPEAR AS NAME SHOWN IN QUESTION 7 on L-107, 4 on L-107-C, or 3 on L-107-P.

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

INSTRUCTIONS

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.

Class of Permit	Annual State Fee	*Surcharge Effective 1/1/09	Total Due
Promotional Permit	\$600	\$320	\$920

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.