TABC
TEXAS ALCOHOLIC BEVERAGE COMMISSION
service ★ courtesy ★ integrity ★ accountability

PARTNERSHIP/CORPORATIONS

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:

(Sidebar: 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) ☐ Officer ☐ Partner ☐ Director/Manager ☐ 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) ☐ Officer ☐ Partner ☐ Director/Manager ☐ Stockholder/Member		Title	
Residential Address	City	State	Zip Code (9 digits) -

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