



# APPLICATION FOR OUT-OF-STATE WINE ONLY PACKAGE STORE PERMIT

FORM L-108 (8/2009)

<b>TABC USE ONLY</b>		ISSUE DATE	FEE	SURCHARGE	LATE FEE (RENEWAL ONLY)	
			<b>\$150</b>	<b>\$214</b>		

  

<b>FOR ALL RETAILERS</b>	<b>1A. APPLICATION FILED FOR:</b> <input type="checkbox"/> <b>Q</b> OUT-OF-STATE WINE ONLY PACKAGE STORE PERMIT – OUT-OF-STATE RETAILER		Registry No. _____
	<b>B. APPLICATION IS FOR:</b> <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Renewal Change <input type="checkbox"/> Change of _____		
	<b>C.</b> If renewal or change, enter permit no(s). _____		
	<b>2A. Applicant is:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other: _____		
	<b>B. Indicate primary business at this location:</b> <input type="checkbox"/> <b>06</b> - Grocery/Market <input type="checkbox"/> <b>07</b> - Liquor/Wine Store <input type="checkbox"/> <b>05</b> - Miscellaneous (ex: Internet Sales): _____		
	<b>C.</b> Does the applicant own the land and building at the proposed licensed location? <span style="float: right;"><b>C.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</span> If "NO," please complete form L-108-OP with owner of premise information.		

**INSTRUCTIONS:** All applicants complete questions 3-6. Individual Business Owners ALSO complete question 7.

<b>3.</b> Trade Name of Business _____			
<b>4.</b> Location Address _____			
City	County	State TX	ZIP Code (9 digits) -
<b>5.</b> Mailing Address _____		City	State ZIP Code (9 digits) -
<b>6.</b> Area Code + Business Phone No. ( ) -	Area Code + Alternate Phone No. ( ) -	Applicant's E-Mail Address	

<b>FOR INDIVIDUAL</b>	<b>7.</b> Social Security Number of Individual - -	Issuing State/Driver's License Number	Date of Birth (mm/dd/yyyy) / /
	Full Legal Name of Individual (Last, First, Middle)		