



Corporation

L-C (1/2009)

The Corporation Form should be completed for all officers, directors, stockholders, trustees, and beneficiaries holding ownership in this business. This page is included in the Business Packet for new applicants who do not currently hold an active license/permit issued by TABC under the below Federal Employer Identification Number.

Submit this page with the completed business packet to your local TABC office after you receive prequalification for your location. For more information on how to prequalify, to find your local district office, and to determine ownership submission go to: www.tabc.state.tx.us.

ENTITY INFORMATION

Federal Employer Identification No. (FEIN)

Business Entity Name

Charter No.

Date Approved (mm/dd/yyyy)

/ /

State

Class and Number of Shares Issued

CORPORATE OWNERSHIP INFORMATION

Officer Director Stockholder Trustee/Beneficiary

SSN Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

- - / /

Last Name

First Name

MI

Title

Officer Director Stockholder Trustee/Beneficiary

SSN Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

- - / /

Last Name

First Name

MI

Title

Officer Director Stockholder Trustee/Beneficiary

SSN Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

- - / /

Last Name

First Name

MI

Title

Officer Director Stockholder Trustee/Beneficiary

SSN Issuing State/DL No. Date of Birth (mm/dd/yyyy) Class & No. of Shares

- - / /

Last Name

First Name

MI

Title

CORPORATE OWNERSHIP INFORMATION CONTINUED

<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Class & No. of Shares	
Last Name		First Name	MI	Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Class & No. of Shares	
Last Name		First Name	MI	Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Class & No. of Shares	
Last Name		First Name	MI	Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Class & No. of Shares	
Last Name		First Name	MI	Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Class & No. of Shares	
Last Name		First Name	MI	Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder <input type="checkbox"/> Trustee/Beneficiary				
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Class & No. of Shares	
Last Name		First Name	MI	Title

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE