



Limited Liability Company

L-LLC (1/2009)

The Limited Liability Company Form should be completed for all officers, managers, and members 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 Memberships or Units Issued

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION

<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member			
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held
Last Name		First Name	MI Title
<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member			
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held
Last Name		First Name	MI Title
<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member			
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held
Last Name		First Name	MI Title
<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member			
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held
Last Name		First Name	MI Title

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION CONTINUED

Officer Manager Member

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held
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Last Name	First Name	MI	Title
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Officer Manager Member

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held
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Last Name	First Name	MI	Title
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Officer Manager Member

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held
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Last Name	First Name	MI	Title
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Officer Manager Member

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held
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Last Name	First Name	MI	Title
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Officer Manager Member

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held
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Last Name	First Name	MI	Title
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Officer Manager Member

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held
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Last Name	First Name	MI	Title
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Officer Manager Member

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Percent Membership or Units Held
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Last Name	First Name	MI	Title
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IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE