

Location Packet for Wholesaler's, Distributor's and Manufacturer's

L-LW (4/2009)

Trade Name of Location			
Location Address			
Business Entity Name/Applicant			
Federal Employer Identification No. (FEIN)			
INITIAL INFORMATION			
Do you have a current and active license/permit issued by TABC under the above FEIN? Yes No			
If "YES," please indicate the license/permit number of the last license/permit issued			
If "NO," complete the Business Packet (L-B).			
If you hold a current license/permit under the above FEIN has there been any change in the ownership or			
structure of the business since the last application was filed? Yes No			
If "YES," complete the Business Packet for Reporting Changes (L-BRC).			
OWNERSHIP/LEASE/SUBLEASE/MANAGEMENT INFORMATION			
OWNERSHIP/LEASE/SUBLEASE/MANAGEMENT INFORMATION Does the applicant own the land and building at this proposed licensed location? Yes No			
Does the applicant own the land and building at this proposed licensed location? Yes No			
Does the applicant own the land and building at this proposed licensed location? Yes No If "NO," please complete Owner of Property (L-OP).			
Does the applicant own the land and building at this proposed licensed location? Yes No If "NO," please complete Owner of Property (L-OP). If operating under a lease at this location, indicate:			
Does the applicant own the land and building at this proposed licensed location? Yes No If "NO," please complete Owner of Property (L-OP). If operating under a lease at this location, indicate: Expiration date(s)/Options Monthly rental amount \$			
Does the applicant own the land and building at this proposed licensed location? Yes No If "NO," please complete Owner of Property (L-OP). If operating under a lease at this location, indicate: Expiration date(s)/Options Monthly rental amount \$			
Does the applicant own the land and building at this proposed licensed location? Yes No If "NO," please complete Owner of Property (L-OP). If operating under a lease at this location, indicate: Expiration date(s)/Options Monthly rental amount Other fees and payments to landlord			
Does the applicant own the land and building at this proposed licensed location? Yes No If "NO," please complete Owner of Property (L-OP). If operating under a lease at this location, indicate: Expiration date(s)/Options Monthly rental amount Other fees and payments to landlord Are you operating under a sublease at this location? Yes No			
Does the applicant own the land and building at this proposed licensed location? Yes No If "NO," please complete Owner of Property (L-OP). If operating under a lease at this location, indicate: Expiration date(s)/Options Monthly rental amount \$ Other fees and payments to landlord Are you operating under a sublease at this location? Yes No If "YES," complete Sublessor (L-SL) and indicate the following:			

FINANCE INFORMATION

What is the amount of total investment from all sources for this location? \$

Please be prepared to provide copies of all documents related to the financing of this location.

List any person, firm, or corporation that has advanced or will advance any money, that holds any mortgage or encumbrances against the assets of the proposed business location, or that has signed or co-signed, guaranteed or financially assisted this business location for which you are seeking a license/permit. If a partnership or corporation, list entity along with partners/officers.

(If more space is needed, attach additional page.)

SSN or FEIN	Issuing State/DL No.	Date of Birth	(mm/dd/yyyy)	Amount
		/	1	\$
Name, Corporation, Partner/Officer		Terms		
SSN or FEIN	Issuing State/DL No.	Date of Birth	(mm/dd/yyyy)	Amount
		1	1	\$
Name, Corporation, Partner/Officer		Terms		
SSN or FEIN	Issuing State/DL No.	Date of Birth	(mm/dd/yyyy)	Amount
		1	1	\$
Name, Corporation, Pa	Terms			
SSN or FEIN	Issuing State/DL No.	Date of Birth	(mm/dd/yyyy)	Amount
		1	1	\$
Name, Corporation, Partner/Officer		Terms		
SSN or FEIN	Issuing State/DL No.	Date of Birth	(mm/dd/yyyy)	Amount
		1	1	\$
Name, Corporation, Partner/Officer		Terms		
SSN or FEIN	Issuing State/DL No.	Date of Birth	(mm/dd/yyyy)	Amount
		1	1	\$
Name, Corporation, Partner/Officer		Terms		
SSN or FEIN	Issuing State/DL No.	Date of Birth	(mm/dd/yyyy)	Amount
		1	1	\$
Name, Corporation, Partner/Officer		Terms		

BONDED WAREHOUSE PERMIT (WET AND DRY)				
In general terms, specify what other goods and commodities you store in this warehouse. (If additional space is needed, please attach a page.)				
Is at least 50% of gross revenue during each three (3) month quarter derived from goods and merchandise other than liquor? Yes No				
Is the location in a wet or dry area? Wet Dry				
MANUFACTURERS				
Will the applicant engage in the business of brewing and packaging beer in Texas within the three-year period covered by its original license and two successive renewals in quantities to qualify as a bona fide brewing manufacturer? Yes No				
WHOLESALERS				
Do you intend to sell ale or malt liquor? Yes No NOTE: You must submit a territorial agreement from the actual manufacturer of the product.				
DISTRIBUTORS				
Does the applicant have an adequate building, storage facilities, sufficient employees, delivery vehicles and rolling stock to provide service and sales for each brand of beer in an amount equal to the demand for the product from all retailers in applicant's assigned territory? Yes No NOTE: If you are applying for a General Distributor's License, Local Distributor's License or Branch Distributor's License, you must submit a territorial agreement from the actual manufacturer of each beer product you are handling.				
WINERIES				
Do you hold or have you applied for a Federal Winemaker's and Blender's Basic Permit issued by the Alcohol and Tobacco Tax and Trade Bureau (TTB)? Yes No If "YES," attach a copy of the Federal Winemaker's and Blender's Basic Permit issued by the TTB. Be advised a copy of this permit must be presented before issuance.				
WARNING AND	If Applicant Is/Who Must Sign	1 1011		
SIGNATURE	Individual/Individual Owner Partnership/Partner Limited Partnership/General Partner	Corporation/Officer Limited Liability Company/ Officer or Manager		
EACH LICENSEE OR PERMITTEE SHALL HAVE EXCLUSIVE OCCUPANCY AND CONTROL OF THE ENTIRE LICENSED LOCATION WITH RESPECT TO SALE OF ALCOHOLIC BEVERAGES. ANY ARRANGEMENT THAT SURRENDERS SUCH CONTROL OF THE EMPLOYEES, PREMISES OR BUSINESS, INCLUDING PROFITS AND LOSSES, TO PERSONS OTHER THAN THE LICENSEE OR PERMITTEE IS UNLAWFUL. WARNING: Section 101.69 of the Texas Alcoholic Beverage Code states: "a person who makes a false statement or false				
required to be sworn commits an offens	se punishable by imprisonment in the pen	or other instrument to be filed with the Commission and hitentiary for not less than 2 nor more than 10 years." ND ATTACHMENTS TO THIS PACKET.		
PRINT NAME	SIGN HERE			
	TITLE			
person whose name is signed to under oath that he or she has correct. SIGN HERE	uthority, on this day the foregoing application person read the said application and the	of, 20, the nally appeared and, duly sworn by me, states at all the facts therein set forth are true and		
NOTARY P	URLIC			