

Ownership Information Continued for Prequalification Packet

L-OIC (4/2009)

Please complete this Ownership Information Continued for Prequalification Packet to be included with your prequalification packet if you have more than three individuals to be disclosed as required under Owner Information. Ensure you list all individuals as necessary for your type of entity. Use the chart below. Please contact your local TABC office for more information.

LOCATION INFORMATION

Trade Name of Location					
Location Address					
City		County		State	Zip Code
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OWNER INFORMATION					
If Applicant Is/Who Must Be Listed Below	1				
Individual/Individual Owner	Limited Liability Company/All Officers			rs or Ma	nagers
Partnership/All Partners	Joint Venture/Venturers				
Limited Partnership/All General Partners	Trust/Trustee(s) City, County, University/Official				
Corporation/All Officers Last Name	First Name		MI	Title	
Last Name	FIISUNAIIIE		IVII	Title	
Last Name	First Name	irst Name		Title	
Last Name	First Name		MI	Title	
Last Name	First Name		MI	Title	
Last Name	First Name		MI	Title	
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Last Name	First Name		MI	Title	
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