

## Partnership

The Partnership Form should be completed for all partnerships, limited partnerships, limited liability partnerships, and joint ventures 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)

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## **PARTNERSHIP INFORMATION**

State

General Partner	Limited Partner						
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest				
		/ /					
Last Name		First Name		MI	Title		
General Partner Limited Partner							
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest				
		/ /					
Last Name		First Name		MI	Title		
General Partner Limited Partner							
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General Partner Limited Partner							
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		/ /					
Last Name	·	First Name		MI	Title		

PARTNERSHIP INFORMATION CONTINUED								
General Partner	Limited Partner							
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest					
		/ /						
Last Name		First Name	MI	Title				
General Partner	Limited Partner							
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General Partner	Limited Partner	1						
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest					
		1 1						
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Last Name	1	First Name	MI	Title				
IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE								