



Wholesaler's, Distributor's, and Manufacturer's Prequalification Packet

L-W (9/2009)

Please complete this Prequalification Packet with information concerning your proposed business location for which you are applying to wholesale/distribute/manufacture alcoholic beverages. This information will be used to obtain your prequalification to hold a license/permit. You will submit this information to the proper governmental entities for certification that your proposed location is legal for the type of license/permit for which you are applying. Permit applicants will also provide this packet to their local newspaper for certification that you have published the required notice. Please contact your local TABC office for more information.

LOCATION INFORMATION

Type of Wholesaler's, Distributor's, and Manufacturer's License/Permit

- | | |
|--|--|
| <input type="checkbox"/> W Wholesaler's Permit
<input type="checkbox"/> X General Class B Wholesaler's Permit
<input type="checkbox"/> LX Local Class B Wholesaler's Permit
<input type="checkbox"/> B Brewer's Permit
<input type="checkbox"/> D Distiller's and Rectifier's Permit
<input type="checkbox"/> Z Wine Bottler's Permit
<input type="checkbox"/> G Winery Permit
<input type="checkbox"/> O Private Carrier's Permit
<input type="checkbox"/> L Private Storage Permit
<input type="checkbox"/> K Public Storage Permit
<input type="checkbox"/> GS Winery Storage Permit | <input type="checkbox"/> GF Winery Festival Permit
<input type="checkbox"/> J Bonded Warehouse Permit
<input type="checkbox"/> JD Bonded Warehouse Permit (Dry Area)
<input type="checkbox"/> BB General Distributor's License
<input type="checkbox"/> BD Local Distributor's License
<input type="checkbox"/> BC Branch Distributor's License
<input type="checkbox"/> BI Importer's License
<input type="checkbox"/> BJ Importer's Carrier's License
<input type="checkbox"/> BA Manufacturer's License
<input type="checkbox"/> MW Manufacturer's Warehouse License
<input type="checkbox"/> SL Storage License |
|--|--|

Trade Name of Location

Location Address

City	County	State	Zip Code
			-
Mailing Address	City	State	Zip Code
			-

Business Phone No.	Alternate Phone No.	E-mail Address
() -	() -	

OWNER INFORMATION

Type of Owner

- | | | |
|--|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Other _____ |

Owner of Business/Applicant

If Applicant Is/Who Must Be Listed Below (attach L-OIC if additional space is needed).

Individual/Individual Owner	Limited Liability Company/All Officers or Managers
Partnership/All Partners	Joint Venture/Venturers
Limited Partnership/All General Partners	Trust/Trustee(s)
Corporation/All Officers	

Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title

MEASUREMENT INFORMATION

Will your business be located within 300 feet of a church or public hospital? Yes No

NOTE: For churches or public hospitals measure from front door to front door, along the property lines of the street fronts and in a direct line across intersections.

Will your business be located within 300 feet of any private/public school? Yes No

NOTE: For private/public schools measure in a direct line from the nearest property line of the school to the nearest property line of the place of business, and in a direct line across intersections.

NOTE: If located on or above the fifth story of a multistory building: measure in a direct line from the property line of the private/public school to property line of your place of business in a direct line across intersections vertically up the building at the property line to the base of the floor on which your business is located.

PUBLIC STORAGE PERMIT (K) OR WINERY STORAGE PERMIT (GS)

If applying for a **Public Storage Permit or Winery Storage Permit** include the Bonded Warehouse Permit or Bonded Warehouse Permit (Dry Area) number.

Name of Public or Winery Storage Facility

For Public Storage: Bonded Warehouse Permit

For Winery Storage: Bonded Warehouse Permit (Dry Area)

J -

JD -

Location Address

City	County	State	Zip Code
			-

PRIVATE STORAGE PERMIT (L) OR MANUFACTURER'S WAREHOUSE LICENSE (MW)

If applying for a **Private Storage Permit or a Manufacturer's Warehouse License** enter the Manufacturer's License number with original issue date.

For the location address of the Private Storage Permit or Manufacturer's Warehouse License, indicate owner of the property on Owner of Property (L-OPW).

Manufacturer's License No.

Original Issue Date (mm/dd/yyyy)

BA -

/ /

Location Address of: Private Storage Permit Manufacturer's Warehouse License

City	County	State	Zip Code
			-

WARNING AND SIGNATURE

If Applicant Is/Who Must Sign

Individual/Individual Owner	Corporation/Officer
Partnership/Partner	Limited Liability Company/ Officer or Manager
Limited Partnership/General Partner	

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code states: "...a person who makes a false statement or false representation in an application for a permit or license or in a statement, report, or other instrument to be filed with the Commission and required to be sworn commits an offense punishable by imprisonment in the penitentiary for not less than 2 nor more than 10 years."

BY SIGNING YOU ARE SWEARING TO ALL INFORMATION AND ATTACHMENTS TO THIS PACKET.

PRINT NAME _____ SIGN HERE _____

TITLE _____

Before me, the undersigned authority, on this _____ day of _____, 20____, the person whose name is signed to the foregoing application personally appeared and, duly sworn by me, states under oath that he or she has read the said application and that all the facts therein set forth are true and correct.

SIGN HERE _____

NOTARY PUBLIC

S E A L

CERTIFICATE OF CITY SECRETARY (FOR W, X, LX, B, D, Z, G, J, BB, BD, BC, BI & BA)

CHECK HERE IF NOT IN CITY LIMITS

I hereby certify on this _____ day of _____, 20____, that the location for which the license/permit is sought is inside the boundaries of this city or town, in a "wet" area for such license/permit excluding wineries, and not prohibited by charter or ordinance in reference to the sale of such alcoholic beverages.

SIGN HERE _____, TEXAS

City Secretary/Clerk

S E A L

If location can not be certified above, please complete the following:

I hereby certify on this _____ day of _____, 20____, that the location is prohibited by Charter or Ordinance No. _____, in reference to the sale of alcoholic beverages.

SIGN HERE _____, TEXAS

City Secretary/Clerk

S E A L

CERTIFICATE OF CITY SECRETARY (FOR L, K, MW & SL) ADDRESS FOR STORAGE PERMITS AND MANUFACTURER'S WAREHOUSE LICENSE

CHECK HERE IF NOT IN CITY LIMITS

I hereby certify on this _____ day of _____, 20____, that the location for which the license/permit is sought is inside the boundaries of this city or town, in a "wet" area for such license/permit, and not prohibited by charter or ordinance in reference to the sale of such alcoholic beverages.

SIGN HERE _____, TEXAS

City Secretary/Clerk

S E A L

**CERTIFICATE OF COUNTY CLERK
(FOR W, X, LX, B, D, Z, G, J, BB, BD, BC, BI & BA)**

I hereby certify on this _____ day of _____, 20____, that the location for which the license/permit is sought is in a “wet” area for such license/permit excluding wineries, and is not prohibited by any valid order of the Commissioner’s Court.

SIGN
HERE _____ COUNTY
County Clerk

S E A L

**CERTIFICATE OF COUNTY CLERK (FOR L, K, MW & SL)
ADDRESS FOR STORAGE PERMITS AND MANUFACTURER’S WAREHOUSE LICENSE**

I hereby certify on this _____ day of _____, 20____, that the location for which the license/permit is sought is in a “wet” area for such license/permit, and is not prohibited by any valid order of the Commissioner’s Court.

SIGN
HERE _____ COUNTY
County Clerk

S E A L

**COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE
FOR WINERY (G) APPLICANTS ONLY**

This is to certify on this _____ day of _____, 20____, the applicant holds or has applied for and satisfies all legal requirements for the issuance of a Sales Tax Permit under the Limited Sales, Excise and Use Tax Act or the applicant as of this date is not required to hold a Sales Tax Permit.

Sales Tax Permit Number _____ **Outlet Number** _____

Print Name of Comptroller Employee _____

Print Title of Comptroller Employee _____

SIGN
HERE _____ FIELD OFFICE _____

S E A L

PUBLISHER’S AFFIDAVIT (FOR W, X, LX, B, D, Z & G)

Name of newspaper		ATTACH PRINTED COPY OF THE NOTICE HERE
City, County		
Dates notice published in daily/weekly newspaper (mm/dd/yyyy)	/ /	
<i>Publisher or designee certifies attached notice was published in newspaper stated on dates shown</i>		
Signature of publisher or designee		
Sworn to and subscribed before me on this date	/ /	
Signature of Notary Public		
S E A L		