



Location Packet for Reporting Changes for Retailers

L-LRC (1/2009)

The Location Packet for Reporting Changes for Retailers is to be used to report any changes to your current location or reinstate. You must complete this packet for any changes you are reporting. If you have a change of location address, or reinstatement, you will need to complete this entire packet and the Prequalification Packet for Location Address Change/Reinstatement.

If adding a subordinate permit/license please submit correct fees. See fee chart on www.tabc.state.tx.us for current fee chart.

Current License/Permit No.

Trade Name of Location as on Current License/Permit

Location Address as on Current License/Permit

Owner of Business as on Current License/Permit

Federal Employer Identification No. (FEIN)

INITIAL INFORMATION

Have there been any changes 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)**.

INDICATE ALL CHANGES YOU ARE REPORTING WITH THIS APPLICATION

Please mark all that apply.

For new location address, or reinstatement, you **MUST** complete this entire packet. All other changes **complete only the section that applies**, and then proceed to the Warning and Signature section.

If adding a Local Cartage Permit (E) attach **Local Cartage (L-E)**.

Only update information you want changed.

New Trade Name of Location

<input type="checkbox"/> New Mailing Address	City	State	Zip Code
			-

Add Subordinate

- | | |
|--|--|
| <input type="checkbox"/> PE Beverage Cartage Permit | <input type="checkbox"/> PS Package Store Tasting Permit |
| <input type="checkbox"/> CB Caterer's Permit | <input type="checkbox"/> MI Minibar Permit |
| <input type="checkbox"/> FB Food and Beverage Certificate | <input type="checkbox"/> BP Brewpub License |
| <input type="checkbox"/> E Local Cartage Permit | <input type="checkbox"/> BL Retail Dealer's On Premise Late Hours License |
| <input type="checkbox"/> LP Local Distributor's Permit | <input type="checkbox"/> LB Mixed Beverage Late Hours |

New Location Address as on your Prequalification Packet for Location Address Change/Reinstatement

Reinstatement Address as on your Prequalification Packet for Location Address Change/Reinstatement

LOCATION ADDRESS SALES INFORMATION

Provide the sales data for the last year of operation or projected annual sales at the proposed licensed premises:

Alcoholic Beverage Sales \$ _____
Food Sales \$ _____
Other Sales \$ _____
Total Sales \$ _____

Is the proposed location in a hotel or motel? Yes No

Will the license or permit embrace the entire building and grounds at the address shown? Yes No
If **"NO,"** attach the required diagram.

LOCATION ADDRESS INFORMATION FOR OWNERSHIP/LEASE/SUBLEASE/MANAGEMENT INFORMATION

Does the applicant own the land and building at this proposed licensed location? Yes No
If **"NO,"** please complete Owner of Property (L-OP) and attach copy of your lease.

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 any concession, service or management agreement(s) that contain terms for services or management beyond property rental? Yes No

If **"YES,"** complete Sublessor (L-SL), indicate the following, and attach copy of agreement(s):

Expiration date(s)/Options _____
Monthly fee \$ _____
If you have a sublessor that differs from the management company enter sublessor name below
and complete Form L-SL.
Sublessor Name _____

Are there any agreements, excluding the above, which require payment by the applicant in a dollar figure or percentage of gross or net income of the business? Yes No

If **"YES,"** attach a copy of agreement.

Do you share the premises with another business entity? Yes No

If **"YES,"** indicate the tradename(s) of business(es) and sales and use tax number(s) for other business(es):

Trade Name _____
Sales & Use Tax Number _____

Do you or anyone else at the location operate under a franchise agreement? Yes No

If **"YES,"** you **MUST** have exclusive control of all phases of the purchase, sale, and service of alcoholic beverages.

LOCATION ADDRESS 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 \$
Name, Corporation, Partner/Officer		Terms	
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Name, Corporation, Partner/Officer		Terms	

LOCATION ADDRESS MEASUREMENT INFORMATION

Making measurements from the door where the public enters your establishment to the nearest property line of a private/public school, will this location be within 1,000 feet of a private/public school? Yes No
 If **“YES,”** give written notice of this application to the school officials and attach a copy of the notice to this application.

Is any property line of your premises within 300 feet of a residential address or established neighborhood association? Yes No
 If **“YES,”** and if you are applying for an On-Premise License/Permit, and if a Food and Beverage Certificate is not applied for, notify each residential address and established neighborhood association. Attach a list of all addresses notified with a copy of the completed notice.
NOTE: Sample notice is located in the Application Guidelines.

**ON-PREMISE LICENSES AND PERMITS ONLY
 MEASUREMENT INFORMATION FOR APPLICANTS IN MUNICIPALITIES WITH A POPULATION OF
 1,500,000 OR MORE ACCORDING TO THE LAST FEDERAL CENSUS**

Will your business be located within 300 feet of residence, church, school, day care or social service facility when measuring in a straight line from the nearest point of the property line of the proposed location to the nearest point of the property line of any of these facilities? Yes No
 If **“YES,”** is 75% or more of the applicant’s actual or anticipated gross revenue from the sale of alcoholic beverages? Yes No
 If answers to both of the above are **“YES,”** have you notified all tenants or property owners within five days of filing the original application that an application has been filed? Yes No

**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	

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 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



Business Packet for Reporting Changes

L-BRC (1/2009)

The Business Packet for Reporting Changes is to be used to report any changes to your current business structure. You must complete the entire Business Packet for Reporting Changes including all ownership information. Personal history sheets (PHS) must be submitted on individuals as required that are new to your entity. See the application guidelines for information on submitting PHS. This packet includes L-BRC and the below entity pages that coincide with your business structure.

- L-C (corporation, trust, city, county or university)
- L-P (partnership)
- L-LLC (limited liability company)
- L-40.2 (personal history sheet)

INDICATE ALL CHANGES YOU ARE REPORTING WITH THIS APPLICATION

Type of Change

- | | |
|--|---|
| <input type="checkbox"/> Officer, Manager, Director, Stockholder, Member | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Partner (limited or general) | <input type="checkbox"/> Conversion |
| <input type="checkbox"/> Trustee/Beneficiary | <input type="checkbox"/> Consolidation (package store only) |
| <input type="checkbox"/> Change of Business Entity | <input type="checkbox"/> Other _____ |

OWNER INFORMATION

Owner of Business as on Current License/Permit

Federal Employer Identification No. (FEIN)

OWNER INFORMATION (ONLY FOR CHANGE OF BUSINESS ENTITY, MERGER, AND CONVERSION)

Type of Owner

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

BUSINESS INFORMATION

Has any person listed in this Business Packet, or his or her spouse, been finally convicted or received deferred adjudication for any of the following offenses? Yes No

If "YES," indicate type of offense and attach an explanation:

- (1) any felony offense
- (2) prostitution
- (3) bookmaking
- (4) gambling or gaming
- (5) bootlegging
- (6) vagrancy offense involving moral turpitude
- (7) any offense involving dangerous drugs or controlled substances as defined in Texas Controlled Substances Act
- (8) any offense involving firearms or a deadly weapon
- (9) more than three violations of the Texas Alcoholic Beverage Code relating to minors
- (10) violations of the Texas Alcoholic Beverage Code resulting in a criminal fine of \$500
- (11) violations of an individual's civil rights or discrimination against an individual on the basis or race, color, creed or national origin

If "YES," has it been five years since the termination of a sentence, parole or probation served for any offenses indicated above? Yes No

If "NO," attach an explanation.

Has any person listed in this Business Packet, or his or her spouse, had a cancellation of a license or permit in the past five years? Yes No

If "YES," attach an explanation.

The applicant or license/permit holder may have an interest, directly or indirectly, in only one level of the alcoholic beverage industry; i.e., manufacturing, wholesaling or retailing. You or your agent, servant or employee may not be employed in any capacity at different levels, may not rent or lease property or equipment from or to an entity operating at another level, may not secure credit or a loan in any form for an entity at another level, cannot control in any fashion the interests of a licensee/permittee at a different level.

Is any person listed in this Business Packet in violation of the above requirements? Yes No
 If "YES," attach an explanation.

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	

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 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



Owner of Property

L-OP (1/2009)

Trade Name of Location

Indicate if information to be entered below is for:

Owner of Land and Building Owner of Land Owner of Building Owner of Boat

If land and building are owned by different entities, complete Form L-OP for each entity.

Business Entity Name for Owner of Property

Federal Employer Identification No. (FEIN) for Owner of Property

COMPLETE THE FOLLOWING:

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Title/Owner
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Title/Owner
SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /
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Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Title/Owner

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



Sublessor

L-SL (1/2009)

Trade Name of Location

Indicate if information to be entered below is for:

Sublessor Concessionaire Management Company of Permittee

Business Entity Name for Sublessor, Concessionaire or Management Company

Federal Employer Identification No. (FEIN) for Sublessor, Concessionaire or Management Company

COMPLETE THE FOLLOWING:

SSN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Title/Owner
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