

José Cuevas, Jr.
Presiding Officer-Midland

Steven M. Weinberg, MD, JD

Member-Colleyville

Melinda S. Fredricks Member-Conroe Alan Steen Administrator

FORM L-108A (8/09)

#### INFORMATION AND INSTRUCTION FOR OUT-OF STATE WINE ONLY PACKAGE STORE PERMIT

Enclosed is your application for the Out-of-State Wine Only Package Store Permit. Please be advised, prior to issuance of your permit, you will be required to participate in an interview process to be scheduled by telephone or in person.

Effective September 1, 2009, this permit will be issued for two years. You MUST renew for the entire two-year period. Mail the original application, along with the correct permit fee, to the Texas Alcoholic Beverage Commission, P.O. Box 13127, Austin, Texas 78711. Keep duplicate for your files. The total amount of fees plus surcharges to cover the two-year period MUST be paid at the time of renewal. Fees may NOT be prorated or refunded. The fee must be paid with a Cashier's Check, Money Order, or Firm Check from a corporate permittee made payable to the Comptroller of Public Accounts. Personal checks are <u>not</u> accepted.

If you have any questions regarding your permit application, please contact the Licensing Division of the Texas Alcoholic Beverage Commission at (512) 206-3360.

Sincerely,

Amy Harrison Director



### APPLICATION FOR OUT-OF-STATE WINE ONLY PACKAGE STORE PERMIT

FORM L-108 (8/2009)

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TABC USE ONLY				\$150	\$214		,	П			
TAB 0											
	1A. APPLICATION FIL	.ED FOR:									
		Q OUT-OF-STATE WINE ONLY PACKAGE STORE PERMIT –									
	OUT-OF-ST	ATE RETAILER			Registry No.						
	B. APPLICATION IS FOR:  Original Renewal Renewal Change Change of										
	C. If renewal or chang	C. If renewal or change, enter permit no(s).									
	2A. Applicant is:										
	☐ Individual	ration			☐ Trust						
	☐ Partnership	☐ Limite	d Liability Co	mpany							
	☐ Limited Partne	rship	√enture								
S	Limited Liability	/ Partnership	<u> </u>					-			
ER.	B. Indicate primary b	ousiness at this location	n:								
AIL	☐ <b>06</b> - Grocery/Ma	arket									
ET	☐ 07 – Liquor/Wine Store										
LR	☐ <b>05</b> – Miscellane	ous (ex: Internet Sales):									
FOR ALL RETAILERS	——————————————————————————————————————						C. TYES NO	J			
ÖR	If "NO," please complete form L-108-OP with owner of premise information.  INSTRUCTIONS: All applicants complete questions 3-6. Individual Business Owners ALSO complete question 7.										
	INSTRUCTIONS: All applicants complete questions 3-6. Individual Business Owners <u>ALSO</u> complete question 7.  3. Trade Name of Business										
	4. Location Address							-			
	City		County		State	ZIP Code (9 digits)					
	,				TX	-					
	5. Mailing Address		City		State	ZIP Code (9 digits)	-				
	or maming riadiose					- -					
	6. Area Code + Busin	ness Area Code + Alte	rnate Ani	Applicant's E-Mail Address							
	Phone No.  Area Code + Business Phone No.  Area Code + Alternate Phone No.										
	( ) -	( ) -									
OUAL	7. Social Security Nu	mber of Individual Is	suing State/[	Driver's License N	umber	Date of Birt	h (mm/dd/yyyy) /				
IDINIC	Full Legal Name of Individual (Last, First, Middle)							-			
FOR INDIVIDUAL	. d.: Loga d or marriada. (Laot, 1 not, middle)										
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# OUT-OF-STATE WINE ONLY PACKAGE STORE APPLICANTS

	TRAD	Trade Name:						
	1.	Do you have employees or storage facilities in Texas?	1. YES NO					
	2.	Will you be delivering products into Texas with your own vehicles?	2. YES NO					
	3.	Will you participate in any events in Texas where orders are solicited or taken?	3. YES NO					
	4.	Are you authorized to do business in this state by the alcoholic regulatory agency of your state?	4. YES NO					
S	5.	Will the license or permit embrace the entire building and grounds at the address shown as the location?  If "NO," attach the required diagram.	5. YES NO					
CANT	6.	Do you currently hold a Texas Sales Tax Permit Number?  If "YES," provide the Sales Tax Permit Number:	6. YES NO					
) PLI	7.	Are all products being shipped into Texas, purchased from a Texas Wholesaler?	7. YES NO [					
STORE AF	8.	Please describe the way in which your product(s) will be shipped into Texas below or attach explanation:						
OUT-OF-STATE WINE ONLY PACKAGE STORE APPLICANTS		Has any person named in this business or his or her spouse been finally convicted or received deferred adjudication for any of the following offenses?  If "YES," indicate type of offense and attach an explanation:  (1) any felony offense (8) any offense involving firearm (9) more than three violations of Beverage Code relating to me (3) bookmaking (10) violations of the Texas Alcohmatication (10) violations of the Texas Alcohmatication (10) violations of the Texas Alcohmatication (11) violations of an individual's controlled substances as defined in Texas (11) violations of an individual's controlled Substances Act (12) violations of an individual's controlled Substances Act (13) violations of an individual's controlled Substances Act (14) violations of an individual's controlled Substances Act (15) violations of an individual's controlled Substances Act (15) violations of an individual's controlled Substances Act (16) violations of an individual's controlled Substances Act (16) violations of an individual's controlled Substances Act (17) violations of an individual's controlled Substances Act (18) violations of a	the Texas Alcoholic ninors colic Beverage Code \$500 or more or permit ivil rights or lividual on the basis or					
	40	The applicant or permit and license holder may have an interest, directly or indirectly in alcoholic beverage industry; i.e., manufacturing, wholesaling or retailing. You or you employee may not be employed in any capacity at different levels, may not rent or lease from or to an entity operating at another level, may not secure credit or a loan in any another level, cannot control in any fashion the interests of a permittee or licensee at a different level, cannot control in any fashion the interests of a permittee or licensee at a different level.	our agent, servant or property or equipment or for an entity at					
	10.	Are you or anyone described in this business in violation of the above requirements? If "YES," attach an explanation.	10. ☐ YES NO ☐					
	11.	Have you, or anyone in this business, had a license/permit canceled in any state?  If "YES," attach an explanation.	11. YES NO					



# OUT-OF-STATE WINE ONLY PACKAGE STORE APPLICANTS CONTINUED

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	12.	Do you ho	12.  YES N	ио П								
STORE APPLICANTS		-	+		С							
A	If "YES," list the state, license/permit number and tradename below or attach a list.											
<u>ට</u>	Be advised you may be requested to provide copies of the complete license file including violation history from that state.											
4		I	i -			l <b>-</b> .						
ΑP		State License/Permit Number				Tradename						
Щ												
OR		State License/Permit Number				Tradename						
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ONLY PACKAGE	13.	List any p	erson, firm,	or corporation tha	t has advanced or	will advance any money	, that holds a	any mortgage or				
쏭		encumbra	nces agains	st the assets of the	proposed busine	ss, or that has signed or	co-signed, g	uaranteed or financial	lly			
٧c		assisted tl	nis business	s for which you are	seeking a permit/	license. If a partnership of	or corporatio	n, list entity along with	h			
X		partners of	or officers. (	If more space is	needed, attach a	dditional page.)	-					
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#### **OWNER OF PROPERTY**

FORM L-108 -OP (10/2008) 1A. Indicate if information to be entered below is for: ☐ Owner of Land and Building ☐ Owner of Land ☐ Owner of Building If land and building are owned by different entities, complete Form L-101-OP for each entity. B. Federal Employer's I.D. No.: Entity Name: D. Address: 2. **COMPLETE THE FOLLOWING:** Social Security Number Issuing State and Driver's License Number Date of Birth (mm/dd/yyyy) PROPERTY Full Legal Name of Individual, Partner, Officer (Last, First, Middle) Title/Owner Residential Address ZIP Code (9 digits) City State Social Security Number Issuing State and Driver's License Number Date of Birth (mm/dd/yyyy) OWNER(S) OF THE Full Legal Name of Individual, Partner, Officer (Last, First, Middle) Title/Owner Residential Address City ZIP Code (9 digits) State Social Security Number Issuing State and Driver's License Number Date of Birth (mm/dd/yyyy) Full Legal Name of Individual, Partner, Officer (Last, First, Middle) Title/Owner NAME(S) OF Residential Address City ZIP Code (9 digits) State Social Security Number Issuing State and Driver's License Number Date of Birth (mm/dd/yyyy) Full Legal Name of Individual, Partner, Officer (Last, First, Middle) Title/Owner Residential Address City State ZIP Code (9 digits) Social Security Number Issuing State and Driver's License Number Date of Birth (mm/dd/yyyy) Full Legal Name of Individual, Partner, Officer (Last, First, Middle) Title/Owner Residential Address City State ZIP Code (9 digits)



#### PARTNERSHIP/CORPORATIONS

	TRADE NAME:				FORM	L-108-PC (10/2008)
	• •	nership and complete the information below Limited Liability Company		artnership ☐ Li	mited Lia	oility Partnership
	<b>B.</b> Federal Employer's	I.D. No.:				
	C. Entity Name:					
(S):	D. Charter No.:	Date Approved:	/	1		State:
BER	E. Number and class of	of shares, memberships or units issued:				
E	2. COMPLETE THE F	OLLOWING PER INSTRUCTIONS:				
ANDM	Social Security Number	Issuing State and Driver's License Number	Date of Birth	(mm/dd/yyyy) /	or % I	& No. Shares Held Memberships nterest
JER(S)	Full Legal Name (Last, First	t Middle)	Stockholder Member	/ Title		
SKHOL	Residential Address			City	State	Zip Code (9 digits)
NER(S), DIRECTOR(S), MANAGER(S), STOCKHOLDER(S) AND MEMBER(S)	Social Security Number	Issuing State and Driver's License Number	/		or % l	& No. Shares Held Memberships nterest
NAGER(	Full Legal Name (Last, First	t Middle)	Stockholder. Member	/ Title		
S), MAI	Residential Address			City	State	Zip Code (9 digits)
CTOR(	Social Security Number Issuing State and Driver's License Number		Date of Birth	(mm/dd/yyyy) /	or % l	& No. Shares Held Memberships nterest
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FICER(	Full Legal Name (Last, First	t Middle)	Stockholder, Member	/ Title		
FOR ALL OFFICER(S), PART	Residential Address			City	State	Zip Code (9 digits)
FOR /	Social Security Number	Issuing State and Driver's License Number	/	(mm/dd/yyyy) /	or % I	& No. Shares Held Memberships nterest
	Full Legal Name (Last, First	t Middle)	Stockholder. Member	/ Title		
	Residential Address			City	State	Zip Code (9 digits)