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Presiding Officer-Midland

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Member-Colleyville

Melinda S. Fredricks  
Member-Conroe

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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 not 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)

<b>TABC USE ONLY</b>		ISSUE DATE	FEE	SURCHARGE	LATE FEE (RENEWAL ONLY)	
			<b>\$150</b>	<b>\$214</b>		

  

<b>FOR ALL RETAILERS</b>	<b>1A. APPLICATION FILED FOR:</b> <input type="checkbox"/> <b>Q</b> OUT-OF-STATE WINE ONLY PACKAGE STORE PERMIT – OUT-OF-STATE RETAILER		Registry No.
	<b>B. APPLICATION IS FOR:</b> <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Renewal Change <input type="checkbox"/> Change of _____		
	<b>C.</b> If renewal or change, enter permit no(s). _____		
	<b>2A. Applicant is:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other: _____		
	<b>B. Indicate primary business at this location:</b> <input type="checkbox"/> <b>06</b> - Grocery/Market <input type="checkbox"/> <b>07</b> – Liquor/Wine Store <input type="checkbox"/> <b>05</b> – Miscellaneous (ex: Internet Sales): _____		
	<b>C.</b> Does the applicant own the land and building at the proposed licensed location? <span style="float: right;"><b>C.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</span> 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.

3. Trade Name of Business			
4. Location Address			
City	County	State TX	ZIP Code (9 digits) -
5. Mailing Address		City	State ZIP Code (9 digits) -
6. Area Code + Business Phone No. ( ) -	Area Code + Alternate Phone No. ( ) -	Applicant's E-Mail Address	

<b>FOR INDIVIDUAL</b>	7. Social Security Number of Individual - -	Issuing State/Driver's License Number	Date of Birth (mm/dd/yyyy) / /
	Full Legal Name of Individual (Last, First, Middle)		



# OUT-OF-STATE WINE ONLY PACKAGE STORE APPLICANTS

TRADE NAME:

FORM L-108-APP (10/2008)

OUT-OF-STATE WINE ONLY PACKAGE STORE APPLICANTS

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

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

6. Do you currently hold a Texas Sales Tax Permit Number?  
If "YES," provide the Sales Tax Permit Number: \_\_\_\_\_ 6.  YES  NO

7. Are all products being shipped into Texas, purchased from a Texas Wholesaler? 7.  YES  NO

8. Please describe the way in which your product(s) will be shipped into Texas below or attach explanation:  
\_\_\_\_\_

9A. 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? 9A.  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 or more or cancellation of a license or permit
- (11) violations of an individual's civil rights or discrimination against an individual on the basis or race, color, creed or national origin

B. If answer to 9A is "YES," has it been **five** years since the termination of a sentence, parole or probation served for any offenses indicated above? B.  YES  NO   
If "NO," attach an explanation.

**The applicant or permit and license 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 permittee or licensee at a different level.**

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

TRADE NAME:

FORM L-108-APP (10/2008)

**OUT-OF-STATE WINE ONLY PACKAGE STORE APPLICANTS**

12. Do you hold an alcohol license/permit in any other state? 12.  YES  NO

If "YES," list the state, license/permit number and tradename below or attach a list.

**Be advised you may be requested to provide copies of the complete license file including violation history from that state.**

State	License/Permit Number	Tradename
State	License/Permit Number	Tradename

13. 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, or that has signed or co-signed, guaranteed or financially assisted this business for which you are seeking a permit/license. If a partnership or corporation, list entity along with partners or officers. **(If more space is needed, attach additional page.)**

Social Security or FEID No.	Issuing State/Driver's License Number	Date of Birth (mm/dd/yyyy) / /
Name, Corporation, Partner/Officer	Amount \$	Terms
Social Security or FEID No.	Issuing State/Driver's License Number	Date of Birth (mm/dd/yyyy) / /
Name, Corporation, Partner/Officer	Amount \$	Terms

### ACKNOWLEDGEMENT

**EACH PERMITTEE OR LICENSEE SHALL HAVE EXCLUSIVE OCCUPANCY AND CONTROL OF THE ENTIRE LICENSED LOCATION. 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."

### SIGN AND NOTARIZE

**SIGN AND NOTARIZE**

If Applicant is:	Who Must Sign:
Individual	Individual Owner
Partnership	Partner
Corporation	Officer
Limited Partnership	General Partner
Limited Liability Partnership	General Partner
Limited Liability Company	Office or Manager

**IF ONLY APPLYING FOR A SUBORDINATE PERMIT OR LICENSE:**  
Has there been any change in the ownership of the business since the last application was filed?  YES  NO

**PRINT NAME:** \_\_\_\_\_

**SIGN HERE:** \_\_\_\_\_

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 read the said application and that all the facts therein set forth are true and correct.

**SIGN HERE:** \_\_\_\_\_

NOTARY PUBLIC

**SEAL**

# OWNER OF PROPERTY

**TRADE NAME:** \_\_\_\_\_

FORM L-108-OP (10/2008)

**NAME(S) OF OWNER(S) OF THE PROPERTY**

**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.: \_\_\_\_\_

**C.** Entity Name: \_\_\_\_\_

**D.** Address: \_\_\_\_\_

**2. COMPLETE THE FOLLOWING:**

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) -		
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) -		
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) -		

(IF YOU NEED MORE SPACE, USE ADDITIONAL COPIES OF THIS PAGE.)



# PARTNERSHIP/CORPORATIONS

**TRADE NAME:** \_\_\_\_\_

FORM L-108-PC (10/2008)

**FOR ALL OFFICER(S), PARTNER(S), DIRECTOR(S), MANAGER(S), STOCKHOLDER(S) AND MEMBER(S).**

**1A. Indicate type of ownership and complete the information below:**

- Corporation  
  Limited Liability Company  
  Partnership  
  Limited Partnership  
  Limited Liability Partnership

**B. Federal Employer's I.D. No.:** \_\_\_\_\_

**C. Entity Name:** \_\_\_\_\_

**D. Charter No.:** \_\_\_\_\_ **Date Approved:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **State:** \_\_\_\_

**E. Number and class of shares, memberships or units issued:** \_\_\_\_\_

**2. COMPLETE THE FOLLOWING PER INSTRUCTIONS:**

Social Security Number - -	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy) / /	Class & No. Shares Held or % Memberships or % Interest
Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/ Manager		<input type="checkbox"/> Stockholder/ Member	Title
Residential Address		City	State    Zip Code (9 digits) -
Social Security Number - -	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy) / /	Class & No. Shares Held or % Memberships or % Interest
Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/ Manager		<input type="checkbox"/> Stockholder/ Member	Title
Residential Address		City	State    Zip Code (9 digits) -
Social Security Number - -	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy) / /	Class & No. Shares Held or % Memberships or % Interest
Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/ Manager		<input type="checkbox"/> Stockholder/ Member	Title
Residential Address		City	State    Zip Code (9 digits) -
Social Security Number - -	Issuing State and Driver's License Number	Date of Birth (mm/dd/yyyy) / /	Class & No. Shares Held or % Memberships or % Interest
Full Legal Name (Last, First Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director/ Manager		<input type="checkbox"/> Stockholder/ Member	Title
Residential Address		City	State    Zip Code (9 digits) -

**(IF YOU NEED ADDITIONAL SPACE FOR MORE NAMES, USE ADDITIONAL COPIES OF THIS PAGE)**