



## Location Packet for Reporting Changes for Wholesaler's, Distributor's, and Manufacturer's

L-LRW (9/2009)

The Location Packet for Reporting Changes for Wholesaler's, Distributor's and Manufacturer's 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 Location Packet for Wholesaler's, Distributor's, and Manufacturer's.

If adding a subordinate permit/license please submit correct fees. See fee chart on [www.tabc.state.tx.us](http://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 Private Carrier's Permit (O) or Importer's Carrier's License (BJ) attach **Vehicles – Private Carrier's Permits and Importer's Carrier's Licenses (L-O)**

Only update information you want changed.

New Trade Name of Location

New Mailing Address

City

State

Zip Code

Add Subordinate

**O** Private Carrier's Permit

**GF** Winery Festival Permit

**L** Private Storage Permit

**BI** Importer's License

**K** Public Storage Permit

**BJ** Importer's Carrier's License

**GS** Winery Storage Permit

**MW** Manufacturer's Warehouse License

New Location Address as on your Location Packet for Wholesaler's, Distributor's, and Manufacturer's

Reinstatement Address as on your Location Packet for Wholesaler's, Distributor's, and Manufacturer's

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



# Location Packet for Wholesaler's, Distributor's and Manufacturer's

L-LW (4/2009)

Trade Name of Location
Location Address
Business Entity Name/Applicant
Federal Employer Identification No. (FEIN)

## INITIAL INFORMATION

Do you have a current and active license/permit issued by TABC under the above FEIN?  Yes  No

If "YES," please indicate the license/permit number of the last license/permit issued \_\_\_\_\_

If "NO," complete the **Business Packet (L-B)**.

If you hold a current license/permit under the above FEIN has there been any change 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)**.

## 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).

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 a sublease at this location?  Yes  No

If "YES," complete Sublessor (L-SL) and indicate the following:

Expiration date(s)/Options \_\_\_\_\_

Monthly fee \$ \_\_\_\_\_

Will the license or permit embrace the entire building and grounds at the address shown?  Yes  No

If "NO," attach the required diagram.

## 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	
SSN or FEIN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Amount \$
Name, Corporation, Partner/Officer		Terms	
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	
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Name, Corporation, Partner/Officer		Terms	
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Name, Corporation, Partner/Officer		Terms	
SSN or FEIN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Amount \$
Name, Corporation, Partner/Officer		Terms	
SSN or FEIN - -	Issuing State/DL No.	Date of Birth (mm/dd/yyyy) / /	Amount \$
Name, Corporation, Partner/Officer		Terms	

## BONDED WAREHOUSE PERMIT (WET AND DRY)

In general terms, specify what other goods and commodities you store in this warehouse.  
**(If additional space is needed, please attach a page.)**

\_\_\_\_\_

\_\_\_\_\_

Is at least 50% of gross revenue during each three (3) month quarter derived from goods and merchandise other than liquor?  Yes  No

Is the location in a wet or dry area?  Wet  Dry

### MANUFACTURERS

Will the applicant engage in the business of brewing and packaging beer in Texas within the three-year period covered by its original license and two successive renewals in quantities to qualify as a bona fide brewing manufacturer?  Yes  No

### WHOLESALEERS

Do you intend to sell ale or malt liquor?  Yes  No

**NOTE:** You must submit a territorial agreement from the **actual manufacturer** of the product.

### DISTRIBUTORS

Does the applicant have an adequate building, storage facilities, sufficient employees, delivery vehicles and rolling stock to provide service and sales for each brand of beer in an amount equal to the demand for the product from all retailers in applicant's assigned territory?  Yes  No

**NOTE:** If you are applying for a General Distributor's License, Local Distributor's License or Branch Distributor's License, you must submit a territorial agreement from the **actual manufacturer** of each beer product you are handling.

### WINERIES

Do you hold or have you applied for a Federal Winemaker's and Blender's Basic Permit issued by the Alcohol and Tobacco Tax and Trade Bureau (TTB)?  Yes  No

If **"YES,"** attach a copy of the Federal Winemaker's and Blender's Basic Permit issued by the TTB.  
Be advised a copy of this permit must be presented before issuance.

### 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 (6/2009)

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

Are you applying for a change of class?  Yes  No

If "YES," indicate type of change:

- FROM Wine and Beer Retailer's Permit (BG) TO Wine and Beer Retailer's Off-Premise Permit (BQ)
- FROM Beer Retailer's On-Premise License (BE) TO Beer Retailer's Off-Premise License (BF)

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

## 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.**

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**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 for Wholesaler's, Distributor's and Manufacturer's

L-OPW (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

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

Business Entity Name for Owner of Property

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

Check here if information entered is for owner of the land and building used for a Storage Permit or Manufacturer's Warehouse License.

### 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) / /
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) / /
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
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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