



# APPLICATION FOR RETAILER'S PERMIT OR LICENSE

FORM L-101-A (12/2007)

TABC USE ONLY

ISSUE DATE	FEE	SURCHARGE	LATE FEE (RENEWAL ONLY)

FOR ALL RETAILERS

**1A. APPLICATION FILED FOR:**

<input type="checkbox"/> <b>BG</b> WINE AND BEER RETAILER'S PERMIT	<input type="checkbox"/> <b>PS</b> PACKAGE STORE TASTING PERMIT
<input type="checkbox"/> <b>BE</b> BEER RETAIL DEALER'S ON-PREMISE LICENSE	<input type="checkbox"/> <b>N</b> PRIVATE CLUB REGISTRATION PERMIT
<input type="checkbox"/> <b>BQ</b> WINE AND BEER RETAILER'S OFF-PREMISE PERMIT	<input type="checkbox"/> <b>NB</b> PRIVATE CLUB BEER AND WINE PERMIT
<input type="checkbox"/> <b>BF</b> BEER RETAIL DEALER'S OFF-PREMISE LICENSE	<input type="checkbox"/> <b>NE</b> PRIVATE CLUB EXEMPTION CERTIFICATE PERMIT
<input type="checkbox"/> <b>BL</b> RETAIL DEALER'S ON-PREMISE LATE HOURS LICENSE	<input type="checkbox"/> <b>NL</b> PRIVATE CLUB LATE HOURS PERMIT
<input type="checkbox"/> <b>BP</b> BREWPUB LICENSE	<input type="checkbox"/> <b>PE</b> BEVERAGE CARTAGE PERMIT
<input type="checkbox"/> <b>V</b> WINE & BEER RETAILER'S PERMIT FOR EXCURSION BOATS	<input type="checkbox"/> <b>MB</b> MIXED BEVERAGE PERMIT
<input type="checkbox"/> <b>Y</b> WINE & BEER RETAILER'S PERMIT FOR RAILWAY DINING CAR	<input type="checkbox"/> <b>LB</b> MIXED BEVERAGE LATE HOURS PERMIT
<input type="checkbox"/> <b>P</b> PACKAGE STORE PERMIT	<input type="checkbox"/> <b>MI</b> MINIBAR PERMIT
<input type="checkbox"/> <b>Q</b> WINE-ONLY PACKAGE STORE PERMIT	<input type="checkbox"/> <b>CB</b> CATERER'S PERMIT
<input type="checkbox"/> <b>LP</b> LOCAL DISTRIBUTOR'S PERMIT	<input type="checkbox"/> <b>FB</b> FOOD AND BEVERAGE CERTIFICATE
<input type="checkbox"/> <b>E</b> LOCAL CARTAGE PERMIT	<input type="checkbox"/> <b>RM</b> MIXED BEVERAGE RESTAURANT PERMIT WITH FB
<input type="checkbox"/> <b>ET</b> LOCAL CARTAGE TRANSFER PERMIT	

Registry No. \_\_\_\_\_

**B. APPLICATION IS FOR:**  Original  Renewal  Renewal Change  Change of \_\_\_\_\_

**C.** If renewal or change, enter license/permit no(s). \_\_\_\_\_

**D.** If applying for subordinate only, enter primary license/permit no. \_\_\_\_\_

**2A. Applicant is:**

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Trust
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other: _____	<input type="checkbox"/> City/University
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association of Persons (Private Clubs Only)	

**B. Indicate primary business at this location:**

<input type="checkbox"/> <b>01</b> - Restaurant	<input type="checkbox"/> <b>05</b> - Miscellaneous: _____	<input type="checkbox"/> <b>10</b> - Pari-mutuel Wagering
<input type="checkbox"/> <b>02</b> - Bar	<input type="checkbox"/> <b>06</b> - Grocery/Market	<input type="checkbox"/> <b>11</b> - Convenience Store with Gas
<input type="checkbox"/> <b>03</b> - Sexually Oriented	<input type="checkbox"/> <b>07</b> - Liquor Store	<input type="checkbox"/> <b>12</b> - Convenience Store without Gas
<input type="checkbox"/> <b>04</b> - Sporting Arena, Civic Center, Hotel	<input type="checkbox"/> <b>08</b> - Gas Station	

<b>C.</b> Does the applicant require employees to attend an agency-approved seller training course?	<b>2C.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D.</b> Is live music featured two or more times per week?	<b>D.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>E.</b> Has the proposed licensed location been reviewed for compliance with Title III of the Americans with Disabilities Act of 1990?	<b>E.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F.</b> Does the applicant own the land <b>and</b> building at the proposed licensed location?	<b>F.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>G.</b> If location has not been licensed within the last 24 months for on-premise consumption of alcoholic beverages, indicate the date sign was posted: ____ / ____ / ____	

**INSTRUCTIONS:** All applicants complete questions 3-6. Individual Business Owners **ALSO** complete question 7.

3. Trade Name of Business				TABC USE ONLY
4. Location Address				WINE % FOR BG/BQ
City	County	State TX	ZIP Code (9 digits)	CITY CODE
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 (optional)		
7. Social Security Number of Individual	Issuing State/Driver's License Number	Date of Birth (mm/dd/yyyy)		COUNTY CODE
Full Legal Name of Individual (Last, First, Middle)				

FOR INDIVIDUAL



# PRIVATE CLUBS

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

FORM L-101-N (12/2007)

FOR PRIVATE CLUBS ONLY - CORPORATION OR UNINCORPORATED ASSOCIATION OF PERSONS OFFICER(S) AND DIRECTOR(S)

1. If applying for a Private Club Registration Permit (N), indicate your permit fee payment option:  **Option 1 - Membership**  **Option 2 - Set Fees**

2. If applying for a Private Club Registration Permit (N), indicate the current club membership: \_\_\_\_\_

3A. Federal Employer's I.D. No.: \_\_\_\_\_

B. Entity Name: \_\_\_\_\_

C. Charter No.: \_\_\_\_\_ Date Approved (If applicable): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**4. Complete the following:**

Social Security Number - -	Issuing State/Driver's License Number	Date of Birth (mm/dd/yyyy) / /	
Full Legal Name (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Director			Position/Title
Residential Address	City	State	ZIP Code (9 Digits) -
Social Security Number - -	Issuing State/Driver's License Number	Date of Birth (mm/dd/yyyy) / /	
Full Legal Name (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Director			Position/Title
Residential Address	City	State	ZIP Code (9 Digits) -
Social Security Number - -	Issuing State/Driver's License Number	Date of Birth (mm/dd/yyyy) / /	
Full Legal Name (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Director			Position/Title
Residential Address	City	State	ZIP Code (9 Digits) -
Social Security Number - -	Issuing State/Driver's License Number	Date of Birth (mm/dd/yyyy) / /	
Full Legal Name (Last, First, Middle) <input type="checkbox"/> Officer <input type="checkbox"/> Director			Position/Title
Residential Address	City	State	ZIP Code (9 Digits) -

5A. List names of all members on membership committee:  
\_\_\_\_\_  
\_\_\_\_\_

B. Is any member of the membership committee directly or indirectly employed by the club? **5B.**  **YES**  **NO**

If "YES," explain employment relationship.  
\_\_\_\_\_  
\_\_\_\_\_

N & NB

# PRIVATE CLUBS

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

FORM L-101-N (12/2007)

PRIVATE CLUB REGISTRATION/ PRIVATE CLUB BEER & WINE

6. If renewal, indicate the most members in good standing for the previous year: \_\_\_\_\_
7. Does the club have at least 50 members who reside in the county where the club is located or at least 100 members who reside in that county and an adjacent county or counties?
- NOTE: Attach copies of membership lists.**
7.  YES  NO
- 8A. Indicate which type of liquor storage system club members will use:
- 8A.  POOL  
 LOCKER
- B. If operating under the pool system, has each member of the pool participated equally in the purchase of all alcoholic beverages?
- B.  YES  NO
9. Is regular food service at this location adequate for members and guests?
9.  YES  NO
10. Are all members at least 21 years old?
10.  YES  NO
11. Is the club located within the incorporated limits of the city?
11.  YES  NO

PRIVATE CLUB EXEMPTION CERTIFICATE

12. Indicate whether the organization is a veteran, fraternal or building/hall association:
12.  Veteran  
 Fraternal  
 Building/Hall Association
- 13A. If applicant is a **veteran or fraternal organization**, enter official name and address of parent organization: \_\_\_\_\_
- B. Indicate whether the organization is an American national or Texas State fraternal organization:
- 13B.  American national  
 Texas state fraternal
- C. If **fraternal**, has this local unit operated an establishment for fraternal purposes at least one year?
- 13C.  YES  NO
14. If applicant is a **building or hall association**:
- A. Is all stock owned by the local unit or members of the local unit of the fraternal organization that operates the club facilities of the local unit?
- 14A.  YES  NO
- B. Is the association composed of members appointed by the county commissioner's court to administer, manage and control an exposition center?
- B.  YES  NO
15. If the applicant is a building association appointed to control and manage an exposition center:
- A. Is the exhibition area at least 100,000 square feet?
- 15A.  YES  NO
- B. Does the arena have at least 6,000 fixed seats?
- B.  YES  NO
- C. Is the exhibition area situated on property within an area of at least 50 acres including buildings and appurtenances owned by the county?
- C.  YES  NO
16. Are all members at least 21 years old?
16.  YES  NO
17. Is the club located within the incorporated limits of the city?
17.  YES  NO

PRIVATE CLUB LATE HOURS

18. To determine whether the club is authorized to receive a Private Club Late Hours Permit, **answer one of the following questions**, whichever is applicable:
- A. Is the proposed licensed location in a county/city that had a 500,000 or more population according to the last federal census?
- 18A.  YES  NO
- B. If the proposed licensed location is in an unincorporated area of a county having less than 500,000 according to the last federal census, has the county commissioner's court adopted by order the late hours of consumption of alcoholic beverages?
- B.  YES  NO
- C. If the proposed licensed location is in an incorporated city or town in a county having less than 500,000 according to the last federal census, has the governing body of the city/town adopted by ordinance the late hours of consumption of alcoholic beverages?
- C.  YES  NO



# 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) / /
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) / /
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**



# ALL APPLICANTS

TRADE NAME:

FORM L-101-APP (12/2007)

ALL APPLICANTS

1. Will the license or permit embrace the entire building, grounds, and appurtenances at the address shown as the location? 1.  YES  NO   
 If "NO," attach the required diagram.

2. Will your business be located within 300 feet of a church or public hospital? 2.  YES  NO   
**NOTE: Make measurements for churches or public hospitals from front door to front door, along the property lines of the street fronts and in a direct line across intersections.**

**INSTRUCTIONS FOR MEASUREMENTS FOR QUESTIONS 3 and 4: Make measurements for private and public schools, day care centers and day care facilities in a direct line from the nearest property line of the school, day care center or day care facility to the nearest property line of the place of business, and in a direct line across intersections.**  
**NOTE: If located in a multistory building, refer to the Instruction Booklet for detailed instructions.**

3A. Will your business be located within 300 feet of any school, including private schools, day care center or day care facility? 3A.  YES  NO

B. If "YES," are the facilities located on different floors or stories of the building(s)? B.  YES  NO

4A. Will your business be located within 1,000 feet of a public school? 4A.  YES  NO

B. Will your business be located within 1,000 feet of a private school? B.  YES  NO

5. Will your business be located within 1,000 feet of a public or private school? 5.  YES  NO   
 If "YES," give written notice of this application to the school officials and attach a copy of the notice to this application.

**NOTE: Make measurements from the door where the public enters your establishment to the nearest property line of a public or private school.**

6A. Has any person named in question 7 on L-101-A, 7 on L-101-B, 2 on L-101-P, 2 on L-101-C, or 4 on L-101-N or his or her spouse been finally convicted or received deferred adjudication for any of the following offenses? 6A.  YES  NO

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

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

B. If answer to 6A 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.**

7. Are you or anyone described in question 7 on L-101-A, 7 on L-101-B, 2 on L-101-P, 2 on L-101-C, or 4 on L-101-N in violation of the above requirements? 7.  YES  NO   
 If "YES," attach an explanation.



# ALL APPLICANTS CONTINUED

**TRADE NAME:**

FORM L-101-APP (12/2007)

ALL APPLICANTS	<p><b>8.</b> List the bank name, address and account numbers to be used in connection with the proposed business.  <b>(If more space is needed, attach additional page.)</b></p>		
	Bank Name	Account Name	
	Bank Address	Account No.	
	Bank Name	Account Name	
	Bank Address	Account No.	
	<p><b>9.</b> List name and address of the accountant/bookkeeper of the business. Enter <b>SELF</b> if you are doing your own bookkeeping.</p>		
	Name	Address	
	<p><b>10.</b> What is the amount of total investment from all sources for this business location?          \$ _____          Please be prepared to provide copies of all documents related to the finance of the business.</p>		
	<p><b>11.</b> 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. <b>(If more space is needed, attach additional page.)</b></p>		
	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
	Social Security or FEID No.	Issuing State/Driver's License Number	Date of Birth (mm/dd/yyyy) / /
	Name, Corporation, Partner/Officer	Amount \$	Terms
<p><b>12.</b> Do you own the furniture, fixtures and equipment at the proposed licensed location? <span style="float: right;"><b>12.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/></span>          If "<b>NO</b>," please list from whom you lease the items, and the amount paid.</p>			
Name	Amount Paid \$		
<p><b>13.</b> Are you applying for a permit/license for the benefit of someone else? <span style="float: right;"><b>13.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/></span>          If "<b>YES</b>," provide the following information:</p>			
Name	Address		



# ALL RETAILERS & PRIVATE CLUBS

TRADE NAME:

FORM L-101-RET (12/2007)

ALL RETAILERS & PRIVATE CLUBS

1.	Is the proposed location in a hotel or motel?	1. <input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Does the applicant own or operate a hotel at the location for which this application is filed?	2. <input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Do you or anyone else at the location operate under a franchise agreement? If "YES," attach a copy.	3. <input type="checkbox"/> YES <input type="checkbox"/> NO
4A.	Do you share the premises with another business entity?	4A. <input type="checkbox"/> YES <input type="checkbox"/> NO
B.	If "YES," indicate the trade name(s) of business(es) and sales and use tax number(s) for other business(es): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>↓Trade Name</span> <span>↓Sales &amp; Use Tax Number</span> <span>↓Trade Name</span> <span>↓Sales &amp; Use Tax Number</span> </div> <div style="margin-top: 5px;"> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> </div>	
5.	If operating under a <b>lease</b> , indicate: A. Expiration date(s)/Options: _____ B. Monthly rental amount: \$ _____ C. Other fees and payments to landlord: _____	
6A.	Are you operating under any concession, service or management agreement(s) that contain terms for services or management beyond property rental? If "YES," indicate the following and <b>attach copy of agreement(s)</b> : 1. Expiration date(s)/Options: _____ 2. Monthly fee: \$ _____ 3. Other fee(s) made to concession, service or management companies: \$ _____ 4. If management company differs from lessor or sublessor, enter name below <b>and</b> complete Form L-101-SL, giving name, address and officers of concession, service or management companies. Name: _____	6A. <input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Are there any agreements, excluding 5 and 6 above, which require payment by the applicant in a dollar figure or percentage of gross or net income of the business? If "YES," attach a copy.	7. <input type="checkbox"/> YES <input type="checkbox"/> NO

ON-PREMISE LICENSES/PERMITS

8.	Does the proposed licensed premises have running water, if available?	8. <input type="checkbox"/> YES <input type="checkbox"/> NO
9.	Does the proposed premises have separate, free, properly identified toilets for males and females? If "NO," please answer the following: A. Is location in a multitenant business complex that has free public restrooms for males and females available during your hours of operation? -OR- B. Is location a restaurant that has 2,500 sq. ft. or less, less than 50% gross revenue from alcoholic beverages, an occupancy rating of 50 persons or less, and at least one properly marked restroom?	9. <input type="checkbox"/> YES <input type="checkbox"/> NO A. <input type="checkbox"/> YES <input type="checkbox"/> NO B. <input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Does the proposed licensed premises have adequate seating for customers?	10. <input type="checkbox"/> YES <input type="checkbox"/> NO
11.	Provide the sales data for the last year of operation or projected yearly sales at the proposed licensed premises: Alcoholic Beverage Sales: \$ _____ Other Sales: \$ _____ Food Sales: \$ _____ Total Sales: \$ _____	
12A.	Is any property line of your premises within 300 feet of a residential address or established neighborhood association?	12A. <input type="checkbox"/> YES <input type="checkbox"/> NO
B.	If "YES," and if Food and Beverage Certificate is not applied for, notify each residential address or established neighborhood association. Attach a list of all addresses notified with a copy of the completed notice. (Refer to Instruction Booklet for sample of notice and instructions.)	

**FOR APPLICANTS IN MUNICIPALITIES WITH A POPULATION OF 1,500,000 OR MORE**

13A.	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?	13A. <input type="checkbox"/> YES <input type="checkbox"/> NO
B.	If "YES," is 75% or more of the applicant's actual or anticipated gross revenue from the sale of alcoholic beverages?	B. <input type="checkbox"/> YES <input type="checkbox"/> NO
C.	If answers to 13A and 13B are "YES," have you notified all tenants or property owners described in 13A within five days of filing the original application that an application has been filed?	C. <input type="checkbox"/> YES <input type="checkbox"/> NO

FOR APPLICANTS IN MUNICIPALITIES WITH A POPULATION OF 1,500,000 OR MORE





# FOOD & BEVERAGE, RAILWAY DINING CAR, SHIPS/BOATS

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

FORM L-101-FB (12/2007)

FOOD AND BEVERAGE CERTIFICATE

- 1A. If your basic primary license or permit at this location is a Wine and Beer Retailer's Permit or Beer Retail Dealer's On-Premise License, is food service your primary business at this location? 1A.  YES  NO
- B. If your basic primary permit at this location is a Mixed Beverage Permit or any type of Private Club Permit, do you maintain food service at this location? B.  YES  NO
2. Does the licensed premises have food service facilities that allow you to cook or assemble food on premises primarily for on-premise consumption? 2.  YES  NO
3. Are at least eight multiple entrees available to customers for each meal period? 3.  YES  NO  
If "NO," explain operation of business.

\_\_\_\_\_  
\_\_\_\_\_

- 4A. Are the hours of operation for the sale and service of food and alcoholic beverages the same? 4A.  YES  NO

B. Hours of sale/service of **food** (indicate A.M. or P.M.):

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

C. Hours of sale/service of **alcoholic beverages** (indicate A.M. or P.M.):

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

5. Have you attached a copy of all your menus to this application (appetizers, brunch, etc.)? 5.  YES  NO  
If a menu is not available, list food and beverage items below, including prices.  
**NOTE:** Application **will not** be approved without menu or food list.  
**(If you need more space, attach additional page.)**

\_\_\_\_\_  
\_\_\_\_\_

6. List the equipment used to prepare and serve food.  
**(If you need more space, attach additional page.)**

\_\_\_\_\_  
\_\_\_\_\_

7. Have you attached copies of floor plans of the proposed licensed location indicating areas devoted primarily to the preparation and service of food (including placement of tables, chairs, fixtures and furniture) and those devoted primarily to the preparation and service of alcoholic beverages? 7.  YES  NO

RAILWAY DINING CAR

## WINE AND BEER RETAILER'S PERMIT FOR RAILWAY DINING CAR

- 8A. Designate type of car and give total number of cars:  
Type \_\_\_\_\_ Total Number of Cars \_\_\_\_\_
- B. This car will operate between \_\_\_\_\_ and \_\_\_\_\_  
(City) (City)

EXCURSION BOAT/SHIP

## MIXED BEVERAGE PERMIT/WINE AND BEER RETAILER'S PERMIT FOR EXCURSION BOAT

9. Have you attached a copy of the Certificate of Documentation issued by the U.S. Coast Guard? 9.  YES  NO
10. Is the boat/ship a regularly scheduled excursion boat/ship licensed by the U.S. Coast Guard:
- A. To carry passengers? 10A.  YES  NO
- B. At least 35 gross tons? B.  YES  NO
- C. At least 55 feet? C.  YES  NO
- D. A boat with a minimum capacity of 45 passengers? D.  YES  NO
11. If applying for a Mixed Beverage Permit does the applicant own the boat for which this application is filed? 11.  YES  NO

## MIXED BEVERAGE PERMIT FOR EXCURSION SHIP FOR VOYAGES IN INTERNATIONAL WATERS

- 12A. Does the boat or ship carry at least 350 passengers? 12A.  YES  NO
- B. Does the boat or ship weigh at least 90 gross tons? B.  YES  NO
- C. Is the boat or ship at least 80 feet long? C.  YES  NO



# ACKNOWLEDGEMENT

TRADE NAME:

FORM L-101-ACK (12/2007)

ACKNOWLEDGMENT

Name of License Service, if applicable:

E-mail Address of License Service:

Mailing Address of License Service:

**EACH PERMITEE 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 PERMITEE 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
Private Clubs Only	Officer
Ltd. Liability Co.	Officer or Manager
Ltd/Ltd Liability Partnership	General Partner

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

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

Notary Public

#### 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

SEAL

### PUBLISHER'S AFFIDAVIT

MB, LB, RM, N NL, NB, NE, P, Q, W, X, LX, G, Z, B, BP OR D

Name of newspaper		ATTACH PRINTED COPY OF THE NOTICE
City, County		
Dates notice published in daily/weekly newspaper (mm/dd/yyyy)	/ / TO / /	
<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		

SEAL

### COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE

RETAILERS AND WINERIES

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/Title of Comptroller Employee: \_\_\_\_\_

SIGN HERE: \_\_\_\_\_ Field Office: \_\_\_\_\_

SEAL



# PERSONAL HISTORY SHEET

Answer all questions. Any false statement will disqualify you and subject you to prosecution under section 101.69 of the Texas Alcoholic Beverage Code and other criminal statutes.

FORM L-40.2 (6/2009)

APPLICANT	1. Trade Name: _____					
	2. Location Address: _____					
	3. Applicant's Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
	4. Applicant's Social Security Number -                    -		Issuing State/ Driver's License No		Date of Birth (mm/dd/yyyy) /                    /	
Applicant's Full Legal Name (Last, First, Middle)				Place of Birth (City, State, <b>Country</b> )		
Race	Sex	Height	Weight	Hair Color	Eye Color	
APPLICANT'S SPOUSE	5. Spouse's Social Security Number -                    -		Issuing State/ Driver's License No		Date of Birth (mm/dd/yyyy) /                    /	
	Spouse's Full Legal Name (Last, First, Middle)				Place of Birth (City, State, <b>Country</b> )	
	Race	Sex	Height	Weight	Hair Color	Eye Color
	6. Do you live with anyone over the age of 18, other than your spouse? <span style="float: right;">6. <input type="checkbox"/> YES <input type="checkbox"/> NO</span> If " <b>YES</b> ," please provide their information below: (If additional space is needed, please attach a page with information.)					
Social Security Number -                    -		Issuing State/ Driver's License No		Date of Birth (mm/dd/yyyy) /                    /		Relationship
Full legal name (Last, First, Middle)				Race	Sex	
RESIDENTIAL ADDRESSES	7. List residential addresses for the past five (5) years starting with current address. <b>If you have not lived in Texas for the previous 12 months</b> , you are required to provide TABC with a certified copy of your criminal background check from the state police or FBI of any state where you lived in the previous five years. (If additional space is needed, please attach a list with the following information.)					
	<b>Number and Street</b>		<b>City, State, ZIP</b>		<b>From (mm/yyyy)</b>	<b>To (mm/yyyy)</b>
					/	<b>PRESENT</b>
					/	/
					/	/
8. Area Code + Business Phone No. (    ) -		Area Code + Residential Phone No. (    ) -		Area Code + Mobile Phone No. (optional) (    ) -		
RESIDENT STATUS	9A. Are you a U.S. citizen? <span style="float: right;">9A. <input type="checkbox"/> YES <input type="checkbox"/> NO</span>					
	B. If " <b>YES</b> ," answer the following: <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized. If "Naturalized," please provide the " <b>A</b> " Number here. <b>A:</b> _____					
	C. If " <b>NO</b> ," answer the following: What is your legal status in the United States? Explain below, or attach a page with information. _____ _____					
	D. Provide all documents such as Visa, Resident Alien, Employment Authorization Documents, etc. (If additional space is needed, please attach a page with information.) _____					
DISTRICT OFFICE	APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO      SPOUSE <input type="checkbox"/> YES <input type="checkbox"/> NO      OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO					
	CH - Date Entered /                    /		ID #		Date Verified /                    /	
	Supervisor's Signature		ID#		Destroy Date /                    /	
				Location Check		
				#		

# PERSONAL HISTORY SHEET

**EMPLOYMENT HISTORY**

10. List employment for the *past five (5) years* beginning with your current employer. Indicate periods of unemployment or retirement, including dates. If retired, include name of company from which you retired and the position you held. Also indicate if not employed outside your home. (If additional space is needed, attach a separate sheet.)

Name of Employer	Address (Street, City, State, ZIP)	Position Held	From (mm/yyyy)	To (mm/yyyy)
			/	<b>PRESENT</b>
			/	/
			/	/
			/	/
			/	/
			/	/

**INDIVIDUAL FINANCIAL INFORMATION**

11. This section is for you to list the total amount of your personal investment in this location. Include notes, loans, gifts, cash, services or equipment, and operating capital. Provide investment details. Account for the original source of all investments (how acquired). Enter total dollar amount on the line of the amount invested column. (If additional space is needed, attach a separate sheet.)

**NOTE:** If investment is in the form of a loan or gift, attach name of lender or financial institution, address, terms and security and loan/gift documents. If from an individual, attach personal information for all individuals including: Name, Social Security and Driver's License Numbers, date of birth, race, sex, etc.

Amount Invested	Original Source of Investment (loans, previous employment, etc).
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	<b>TOTAL AMOUNT OF PERSONAL INVESTMENT</b>

**SIGN AND NOTARIZE APPLICANT OATH**

**SIGN AND NOTARIZE**

**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."

I, under penalty of law, hereby swear that I have read all the information provided in this document and any attachments and the information is true and correct. I also understand any false statement or representation in this application can result in my application being denied and/or criminal charges filed against me. I also authorize the Texas Alcoholic Beverage Commission to use all legal means to verify the information provided.

**PRINT NAME:** \_\_\_\_\_  
**AUTHORIZED SIGNATURE:** \_\_\_\_\_

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

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

**(S E A L)**

Notary Public or TABC Agent



**KNOW ALL MEN BY THESE PRESENTS:**

THAT WE, (2) \_\_\_\_\_  
as PRINCIPAL, and (3) \_\_\_\_\_  
as SURETY, duly authorized and qualified to do business as a surety company in this State, are firmly bound unto THE  
STATE OF TEXAS in sum of (4) \_\_\_\_\_  
dollars payable at Austin, Travis County, Texas, and for the payment of which, well and truly to be made, PRINCIPAL  
binds himself, his heirs, executors and administrators, jointly and severally, or itself, its successors and assigns, and the  
SURETY binds itself, its successors and assigns, firmly by these presents.

WHEREAS, PRINCIPAL is the holder of (5) \_\_\_\_\_  
(Type of Permit/License – See next page)  
granted the privileges by said permit to be exercised in the city of (6) \_\_\_\_\_  
(If not located in a city/town, leave blank and insert county name in #7)  
(7) \_\_\_\_\_ County, Texas, pursuant to the provisions of the Texas Alcoholic Beverage Code.

NOW, THEREFORE, THE CONDITION OF THE OBLIGATION is such that the Principal shall faithfully conform with the Texas Alcoholic Beverage Code and rules of the commission. If the holder of this permit or license violates a law of the state relating to alcoholic beverages or a rule of the commission, the amount of the bond shall be paid to the state, SUBJECT, HOWEVER, to the following terms and conditions:

1. This bond shall become effective on the date of the issuance of above permit or license by the Texas Alcoholic Beverage Commission and shall remain in full force and effect until cancelled, and thereafter provided, or until such permit or license and succeeding renewals of the permit or license have expired.
2. This bond may be cancelled as to liability for future defaults at any time by the SURETY, upon giving thirty (30) days written notice, in which event the liability of the SURETY shall at the expiration of said thirty (30) days, cease and terminate, it being understood that the SURETY shall be liable for the default of the PRINCIPAL in fully discharging any liability on his or its part as above set forth, accruing during the life of the permit or license, and while this bond is in full force and effect.
3. The liability of the SURETY shall not exceed the amount above stated.

PRINCIPAL	SURETY COMPANY																
<p>IN TESTIMONY, WHEREOF, said PRINCIPAL has hereunto subscribed his or their names or has caused this instrument to be signed by its duly authorized officers and its corporate seal to be hereunto affixed this date:</p> <p>_____ A.D., _____</p> <p>SIGN HERE _____ (Signature of Principal)</p>	<p>IN TESTIMONY WHEREOF, said SURETY has caused this instrument to be signed by it duly authorized officers and its corporate seal to be hereunto affixed this date:</p> <p>_____ A.D., _____</p> <p>SIGN HERE _____ (Signature of Attorney-in-Fact for Surety Company)</p>																
<table border="1"> <thead> <tr> <th>PRINCIPAL MUST BE SHOWN AS:</th> <th>WHO MUST SIGN:</th> </tr> </thead> <tbody> <tr> <td>Proprietorship-individual owner</td> <td>-individual</td> </tr> <tr> <td>Partnership-all partners' names</td> <td>-partner</td> </tr> <tr> <td>Corporation-corporate name</td> <td>-officer</td> </tr> <tr> <td>Limited partnership-partnership name &amp; general partner</td> <td>-general partner</td> </tr> <tr> <td>Limited liability partnership-partnership name &amp; all partners</td> <td>-general partner</td> </tr> <tr> <td>Limited liability company-company name</td> <td>-officer/manager</td> </tr> <tr> <td>Private Club-club name, if corporation, corporate name</td> <td>-officer</td> </tr> </tbody> </table>	PRINCIPAL MUST BE SHOWN AS:	WHO MUST SIGN:	Proprietorship-individual owner	-individual	Partnership-all partners' names	-partner	Corporation-corporate name	-officer	Limited partnership-partnership name & general partner	-general partner	Limited liability partnership-partnership name & all partners	-general partner	Limited liability company-company name	-officer/manager	Private Club-club name, if corporation, corporate name	-officer	<p>_____ (Surety Company Name)</p> <p>_____ (Surety Company Mailing Address)</p> <p>( ) - _____ (Surety Company Area Code and Phone Number)</p> <p>( ) - _____ (Agent's Area Code and Phone Number)</p>
PRINCIPAL MUST BE SHOWN AS:	WHO MUST SIGN:																
Proprietorship-individual owner	-individual																
Partnership-all partners' names	-partner																
Corporation-corporate name	-officer																
Limited partnership-partnership name & general partner	-general partner																
Limited liability partnership-partnership name & all partners	-general partner																
Limited liability company-company name	-officer/manager																
Private Club-club name, if corporation, corporate name	-officer																



# ACKNOWLEDGMENTS

FORM 2-60.2 (5/06)

## No. 1 (FOR PRINCIPAL)

BEFORE ME, the undersigned authority in and for said State on this day personally appeared

\_\_\_\_\_ known to me to be the person whose name is subscribed to the  
(Name of Principal)

foregoing instrument, and acknowledged to me that he or she executed the same, for the purposes and considerations therein expressed.

Given under my hand and seal of office, this date \_\_\_\_\_ A.D., \_\_\_\_\_

**SIGN  
HERE**

\_\_\_\_\_  
Notary Public

**(S E A L)**

## No. 2 (FOR SURETY COMPANY)

BEFORE ME, the undersigned authority in and for said State on this day personally appeared

\_\_\_\_\_ known to me to be the person whose name is subscribed to the  
(Name of Attorney-in-Fact)

foregoing instrument, and acknowledged to me that he or she executed the same as the act and deed of the surety company thereof, and for the purposes and considerations therein expressed, and in the capacity therein stated.

Given under my hand and seal of office, this date \_\_\_\_\_ A.D., \_\_\_\_\_

**SIGN  
HERE**

\_\_\_\_\_  
Notary Public

**(S E A L)**

### NO. 1 – PRINCIPAL-ACKNOWLEDGMENT

Name of principal who signed the bond must be shown.  
Notary public must date and sign the acknowledgment and affix notary seal.

### NO. 2 – SURETY COMPANY-ACKNOWLEDGMENT

Name of attorney-in-fact who signed the bond must be shown.  
Notary Public must date and sign the acknowledgment and affix notary seal.

## INSTRUCTIONS

1. This bond must accompany all original applications for the licenses/permits listed below unless you qualify to hold a Food and Beverage Certificate and are in the process of applying for a Food and Beverage Certificate. For renewals, if you hold a Food and Beverage Certificate and are renewing the certificate, you do not have to submit this bond. If the original/renewal application for the Food Beverage Certificate is not approved, a bond will be required.

Type of Permit	Bond Amount	Type of Permit	Bond Amount
Mixed Beverage Permit	*\$5,000 or \$10,000	Only required if the business is located within 1000 feet of a public school measuring from property line to property line	
Private Club Registration Permit	*\$5,000 or \$10,000		
Private Club for Beer and Wine Permit	*\$5,000 or \$10,000	Package Store Permit	\$10,000
Private Club Exemption Certificate Permit	*\$5,000 or \$10,000	Wine Only Package Store Permit	\$10,000
Wine and Beer Retailer's Permit-Excursion Boat	*\$5,000 or \$10,000	Wine & Beer Retailer's Off Premise Permit	\$10,000
Wine and Beer Retailer's Permit-Railway Car	*\$5,000 or \$10,000		
Wine and Beer Retailer's Permit	*\$5,000 or \$10,000		
Beer Retailer's On Premise License	*\$5,000 or \$10,000		

2. \*\$5,000/\$10,000-A bond is required in the amount of \$5,000 unless the business is located within 1,000 feet of a public school measuring from property line to property line. If within 1,000 feet of a school, a bond in the amount of \$10,000 will be required.
3. On the face of the bond
 

No. (1) must indicate bond number	No. (5) type of permit/license as shown above
No. (2) name of principal	No. (6) city of business location
No. (3) the surety company name	No. (7) county of business location
No. (4) bond amount	
4. Ensure the principal date is entered and the principal has signed the bond.
5. The attorney-in-fact must date the bond; sign his/her name, enter surety company name, surety mailing address and surety telephone number.
6. Power of Attorney authorizing attorney-in-fact to sign for surety company must attached.
7. This form will not be accepted with any alterations or whiteouts on the face of the bond. Bond riders will be accepted from bonding company to correct errors noted by the Commission. Corrections in the acknowledgments will be accepted if the notary public has initialed the correction made thereon.



Texas Alcoholic Beverage Commission

P. O. BOX 13127
AUSTIN, TX 78711
(512) 206-3333
FORM 2-61.4 (5/06)

Irrevocable Letter of Credit No. (1)

(FOR CONDUCT SURETY PURPOSES ONLY)

Gentlemen:

We hereby establish our irrevocable letter of credit in favor of the State of Texas for the account of (2)

doing business as (3)

located (4), (5), Texas,

under (6) license/permit (7)

This letter of credit is effective up to the aggregate amount of (8)

This letter of credit shall remain in effect until the (9) is released or discharged by the Texas Alcoholic Beverage Commission or until the expiration date of (10)

This is your authority to draw drafts for the full amount of (8). The condition of the obligation of this letter of credit is such that the permittee or licensee shall faithfully conform with the Texas Alcoholic Beverage Code and rules of the commission. If the holder of this permit or license violates a law of the state relating to alcoholic beverages or a rule of the commission, the amount of the letter of credit shall be paid to the state.

All drafts are to be marked "Drawn under Letter of Credit No. (1)."

FOR BANK SIGN HERE (Signature of Bank Officer) Name of Bank Address City, State, Zip Area Code + Phone No. ( ) -

Before me, the undersigned authority, on this \_\_\_ day of \_\_\_ A.D., the bank officer whose name is subscribed to the foregoing instrument personally appeared, and acknowledged to me that he or she executed the same as the act and deed of the above referenced bank, for the purposes and considerations therein expressed and in the capacity therein stated.

SEAL SIGN HERE Notary Public

FOR APPLICANT SIGN HERE (Signature of Applicant) Before me, the undersigned authority, on this \_\_\_ day of \_\_\_ A.D., the applicant whose name is subscribed to the foregoing instrument personally appeared, and acknowledged to me that he or she executed the same for the purposes and considerations therein expressed. SEAL SIGN HERE Notary Public

- (1) Irrevocable Letter of Credit number (2) Name of Applicant: IF: Corporation ----- Corporate name must be shown Partnership ----- All partners' names must be shown Limited Partnership - Name of limited partnership and general partner must be shown Private Club ----- Name of the club must be shown--(If Corporation-Corporate name) Proprietorship ----- Name of individual must be shown Limited Liability Partnership - Name of limited liability partnership and all partner's names must be shown Limited Liability Company ----- Name of limited liability company must be shown (3) Trade Name of Business (4) Actual Business Address (Not Mail Address) (5) City of Business Location (6) Type of Permit- (Mixed Beverage Permit, All Types of Private Club Permits, Package Store Permit, Wine Only Package Store Permit, Wine and Beer Retailer's Permit, Beer Retail Dealer's On-Premise License, Wine & Beer Retailer's Off-Premise Permit, Wine & Beer Retailer's Permit-Railway Car, Wine & Beer Retailer's Permit-Excursion Boat) (7) License/Permit Number, If Issued (8) Amount (\$5,000/\$10,000) (9) Name of Bank (10) Expiration Date (Must be 42 months from date of issue)

THIS FORM WILL NOT BE ACCEPTED WITH ANY WHITEOUTS OR ALTERATIONS. NOTARIZED AMENDMENTS FROM BANK WILL BE ACCEPTED TO CORRECT ERRORS NOTED BY THE COMMISSION.

TABC USE ONLY Date/Signature of Personnel Verifying Bank Information: Name of Bank Personnel Contacted:



# ASSIGNMENT

(FOR CONDUCT SURETY PURPOSES ONLY)

Obligation of this security is for compliance with the Alcoholic Beverage Code and Rules of the Texas Alcoholic Beverage Commission. Title 3, Subtitle A, Chapter 11, Subchapter A, Sec. 11.11 and Subtitle B, Chapter 61, Subchapter A, Sec. 61.13 of the Alcoholic Beverage Code 1995, As Amended.

TEXAS ALCOHOLIC BEVERAGE COMMISSION, P.O. Box 13127, Austin, TX 78711 (512) 206-3333

FORM 2-62.2 (3/06)

(1) \_\_\_\_\_ hereinafter called assignor, whose principal place of business is (2) \_\_\_\_\_

(3) \_\_\_\_\_, Texas,

do (does) hereby assign, and set over the Texas Alcoholic Beverage Commission of the State of Texas, all right, title and interest of whatever nature, of assignor, in and to the insured account of assignor in the (4) \_\_\_\_\_

\_\_\_\_\_ evidenced by (5) \_\_\_\_\_

in the amount of (6) \$ \_\_\_\_\_ numbered (7) \_\_\_\_\_

Assignor agrees the this assignment carries with it the right to the insurance of the account by the (8) \_\_\_\_\_ and includes and gives the right to the Administrator of the Texas Alcoholic Beverage Commission of the State of Texas to redeem, collect, and withdraw the full amount of such account at any time WITHOUT NOTICE TO THE ASSIGNOR. The condition of the obligation of this assignment is such that the permittee or licensee shall faithfully conform with the Texas Alcoholic Beverage Code and Rules of the commission. If the holder of this permit or license violates a law of the state relating to alcoholic beverages or a rule of the commission, the amount of the certificate of deposit shall be paid to the state.

Assignor hereby notifies the above named (4) \_\_\_\_\_ of the assignment.

Date \_\_\_\_\_ SIGN HERE \_\_\_\_\_  
(Signature of Assignor)

## RECEIPT FOR NOTICE OF ASSIGNMENT

Receipt is acknowledged to the Administrator of the Texas Alcoholic Beverage Commission of the State of Texas of written notice of the assignment to said State of Texas of the account identified above. We have noted in our records the State's interest in said account as shown by the above assignment. We certify that we have received no notice of any lien, encumbrance, hold, claim, or obligation of the above-identified account prior to assignment to the State of Texas. We agree to make payment by mail to the State of Texas upon demand by mail in accordance with the laws applicable to this (9) \_\_\_\_\_.

Date _____	Name of Bank _____
SIGN HERE _____ (Signature of Bank Officer)	Address _____
_____ (Title of Bank Officer)	City, State, Zip _____
Area Code & Phone No. _____	( ) - _____

- |   |  |
|---|--|
| (1) Name of Applicant: IF:  | Corporation ----- Corporate name <b>must</b> be shown  |
|   | Partnership ----- All partners' names <b>must</b> be shown   |
|   | Limited Partnership ----- Name of limited partnership and general partner <b>must</b> be shown                         |
|   | Private Club ----- Name of the club <b>must</b> be shown-(If Corporation-Corporate name)                               |
|   | Proprietorship ----- Name of individual <b>must</b> be shown   |
|   | Limited Liability Partnership ----- Name of limited liability partnership and all partners' names <b>must</b> be shown |
|   | Limited Liability Company ----- Name of limited liability company <b>must</b> be shown                                 |
| (2) Trade Name of Business  | (6) Amount in words and figures  |
| (3) Actual Business Address and City (Not Mail Address)                                   | (7) Number of C.D. or Savings Account  |
| (4) Name of Bank, association or credit union   | (8) Name of U.S. Agency insuring deposit   |
| (5) Description of automatically renewable time Certificate of Deposit or Savings Account | (9) Bank, association or credit union  |

**THE ASSIGNMENT OF THIS CERTIFICATE OF DEPOSIT OR SAVINGS ACCOUNT PASSBOOK PROHIBITS THE BANK FROM DISPERSING THE PRINCIPAL MONIES ASSIGNED TO THE TEXAS ALCOHOLIC BEVERAGE COMMISSION UNTIL RELEASED OR DISCARDED, IN WRITING, BY THE TEXAS ALCOHOLIC BEVERAGE COMMISSION.**

(COMPLETE NEXT PAGE)



**No. 1 (FOR ASSIGNOR)**

BEFORE ME, the undersigned authority in and for said State on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the  
(Name of Assignor)  
foregoing instrument, and acknowledged to me that he or she executed the same, for the purposes and considerations therein expressed.

Given under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_

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

**(S E A L)**

Notary Public

**No. 2 (FOR BANK OR SAVINGS ASSOCIATION)**

BEFORE ME, the undersigned authority in and for said State on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the  
(Name of Bank Officer)  
foregoing instrument, and acknowledged to me that he or she executed the same as the act and deed of the surety company thereof, and for the purposes and considerations therein expressed, and in the capacity therein stated.

Given under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_

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

**(S E A L)**

Notary Public

**NO. 1 – ASSIGNOR**

Name of assignor (permittee/licensee) who signed the assignment must be shown.

Notary public must date, sign the acknowledgment and affix notary seal.

**NO. 2 – BANK OR SAVINGS ASSOCIATION**

Name of bank officer who signed the assignment must be shown.

Notary Public must date sign the acknowledgment and affix notary seal.

1. This assignment form may only be used for Conduct Surety purposes and the certificate of deposit or savings account must be issued by a Texas bank, savings institution or credit union.
2. Upon expiration of a license or permit, its voluntary cancellation, or upon the applicant's subsequent approval for exemption from the surety requirements, the licensee or permittee may request (in writing) the release and return of the security supporting their license or permit.
3. The release of this security will not be unreasonably withheld; however, the bank, savings institution or credit union is not released from its obligation until they receive written notice of the release from this agency.