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FORM L-107A (2/2009)

INFORMATION AND INSTRUCTIONS FOR PROMOTIONAL PERMIT

PROMOTIONAL PERMIT – This permit authorizes the holder to engage in activities to promote and enhance the sale of an alcoholic beverage in this state, including activities that take place on the premises of the holder of a permit or license under this code, on the behalf of a distiller, brewer, rectifier, manufacturer, winery, or wine bottler with whom the promotional permit holder has entered into a contract for the purposes of Chapter 50 of the Texas Alcoholic Beverage Code. The State fee is \$600 with a surcharge of \$320 and the permit will expire two years from date of issuance.

In additions, the Promotional Permit may only be issued if the applicant/entity provides:

- A copy of all contracts with licensed or permitted entities to the Texas Alcoholic Beverage Commission Licensing Division in Austin prior to the promotional event
- An employment card to all agents, servants, or employees that are participating in promotional event this card must contain: name of employee, agent or servant, effective date of employment, name of the promotional permit holder, and the promotional permit number. The aforementioned card must be kept on the person during promotional events and available for inspection by any authorized representative of the Texas Alcoholic Beverage Commission
- Affirmation that the applicant does not directly or indirectly have any financial interest in an entity holding a permit or license issued by the Texas Alcoholic Beverage Commission other than a contract to promote and enhance the sale of alcoholic beverages

Be advised that the Promotional Permit holder, including the agent, servant, or employee, may NOT hold any other permit issued by the Texas Alcoholic Beverage Commission, including an Agent’s Permit, Agent’s Beer License, and a Manufacturer’s Agent’s Permit.

Beginning January 1, 2009, the permit covered under this form will be issued for a two-year period. You MUST renew for the entire two-year period. 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. Submit your application along with permit fees and surcharges with a cashier’s check, money order, or firm check from corporate permittee payable to the Comptroller of Public Accounts.

If you need additional information, please do not hesitate to contact this office at (512) 206-3360.

Sincerely yours,

Amy Harrison, Director
Enclosure

Sample Employment Card

Promotional Permit Employee ID Card	
Name of Employee:	_____
Effective Date of Employment:	_____
Name of Promotional Permit Holder:	_____
Promotional Permit Number: PR-	_____



APPLICATION FOR PROMOTIONAL PERMIT

TRADE NAME:

FORM L-107 (2/2009)

TABC USE ONLY		ISSUE DATE	FEE	SURCHARGE	LATE FEE (RENEWAL ONLY)
	PR-		\$600	\$320	
ALL APPLICANTS	FIRST READ ALL INSTRUCTIONS - TYPE OR PRINT IN INK				
	1. APPLICATION IS FOR:			Registry No.	
	<input type="checkbox"/> Original <input type="checkbox"/> Renewal/Change <input type="checkbox"/> Change of: _____ If renewal or change, enter the permit no.: PR- _____				
	2. APPLICANT IS:				
	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other _____				
	3. Trade Name of Business				
	4. Mailing Address		City	State	Zip Code (9 digits)
	Address of Location		City	State	Zip Code (9 digits)
	5. Business Telephone Number	Alternate Telephone Number	E-Mail Address (optional)		
	() - - -	() - - -			
INDIVIDUALS	INSTRUCTIONS: If Individual Owner, complete question 7 & 8. For all others, refer to Instructions on this page.				
	7. Social Security Number	Issuing State /Driver's License Number	Date of Birth (mm/dd/yyyy)		
	- - -		/ /		
	Full Legal Name (Last, First, Middle)				
	Residential Address	City	State	Zip Code (9 digits)	
8. Has the person named in 7 above been a legal resident of Texas for one year immediately preceding the filing of this application? 8. <input type="checkbox"/> YES <input type="checkbox"/> NO					
CORPORATION(S), LLC(S) & PARTNERSHIP(S)	INSTRUCTIONS FOR: CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, OTHER.				
	For Corporations or Limited Liability Companies: Complete L-107-C for all officer(s), director(s), manager(s), stockholder(s), and member(s). If applicant is a publicly held corporation: Provide pertinent information as indicated in 4 on L-107-C on all stockholders holding 5% or more of the shares.				
	For Partnership, Limited Partnership, or Limited Liability Partnership: Complete L-107-P ensuring you include all partners involved in business. If one or more of your general or limited partners is a limited partnership or limited liability partnership complete L-107-P for each partnership. If one or more of your General or Limited Partners is a Corporation: Complete L-107-C for each corporation or limited liability company.				
TABC USE ONLY	INITIAL APPLICATION INCOMPLETE		ADDITIONAL CORRESPONDENCE		PROCESSOR REVIEW DATE:
	YES - NO		YES - NO		/ /
PROCESS DATE:		PROCESSOR I.D.:		PROCESSOR ERROR	
/ /				YES - NO	



CORPORATION

TRADE NAME:

FORM L-107-C (11/2005)

FOR CORPORATION OR LIMITED LIABILITY COMPANY-OFFICER(S) AND DIRECTOR(S) OR CORPORATION, OFFICER(S) AND MANAGER(S) OF LIMITED LIABILITY COMPANY, STOCKHOLDERS/MEMBERS

1. If applicant is a corporation or limited liability company, enter the following information:

- A. Federal Employer's I.D. No. _____
- B. Entity Name _____
- C. Charter No. _____ Date Approved ____ / ____ / ____ State _____
- D. Number and class of shares, memberships or units issued: _____

2. Are at least 51% of each class of shares, memberships, or units issued owned by persons who are at least 21 years of age or older? 2. YES NO

3. Have the persons in 3 A, B and C, legally resided in Texas for at least **one year** immediately preceding the filing of this application?

- A. All officers? 3A. YES NO
- B. 51% of owners of each class of shares, memberships, or units issued? B. YES NO
- C. Majority of directors? C. YES NO

4.↓ COMPLETE THE FOLLOWING PER INSTRUCTIONS:

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



PARTNERSHIP

TRADE NAME:

FORM L-107-P (11/2005)

FOR ALL PARTNERS - NAMES OF PARTNER(S), LIMITED PARTNER(S) AND GENERAL PARTNER(S)

1. Have all partners of the general partnership or all general partners and 51% of the total ownership of the limited partnership or limited liability partnership legally resided in Texas for at least one year immediately preceding the filing of this application? 1. YES NO

2. All limited partnerships and limited liability partnerships must enter:
A. Federal Employer's I.D. No.: _____
B. Entity Name: _____
C. Date Approved (mm/dd/yyyy): ____/____/____ State: _____

3.↓ COMPLETE THE FOLLOWING PER INSTRUCTIONS:

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



APPLICATION FOR PROMOTIONAL PERMIT CONTINUED

TRADE NAME: _____

FORM L-107 (2/2009)

ALL APPLICANTS

The applicant or holder of a Promotional Permit **MAY NOT** hold an interest, directly or indirectly in an entity holding a permit or license issued by the Texas Alcoholic Beverage Commission.

You or your agent, servant or employee **MAY NOT**:

- be employed in any capacity by a permit/license holder except for the contract to promote and enhance alcoholic beverages for promotional events
- rent or lease property or equipment from or to an entity holding a permit/license in Texas,
- secure credit or a loan in any form for an entity holding a permit/license in Texas,
- control in any fashion the interests of a permittee or licensee in Texas,
- hold a license or permit of any other type issued in Texas.

9. Are you or anyone named in questions 7 on L-107, 4 on L-107-C, or 3 on L-107-P, or your agent, servant or employee in violation of the above requirements? 9. YES NO

If "YES," explain below or attach page:

10A. Has any person named in question 7 on L-107, 4 on L-107-C, or 3 on L-107-P or his or her spouse been finally convicted or received deferred adjudication for a felony offense? 10A. YES NO

B. If answer to 10A 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 answer to 10B is "NO," attach an explanation.

C. Has any person named in question 7 on L-107, 4 on L-107-C, or 3 on L-107-P been convicted of any offense(s) under federal or state law, or municipal ordinance involving violations of an individual's civil rights or discrimination against an individual on the basis of race, color, creed or national origin? C. YES NO

11. I affirm that I will provide copies of all contracts with licensed/permitted entities to the Texas Alcoholic Beverage Commission Licensing Division in Austin prior to the promotional event. 11. YES NO

12. I affirm that all agents, servants, or employees that are participating in promotional events will be provided with employment cards and that these cards **must** be kept on the person during promotional events and available for inspection by any authorized representative of the Texas Alcoholic Beverage Commission containing:

- the name of the promotional permit holder,
- the Promotional Permit number,
- name of employee, agent or servant,
- effective date of employment.

12. YES NO

ACKNOWLEDGMENT

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."

If Applicant is:	Who Must Sign:
Individual	Individual Owner
Partnership	Partner
Corporation	Officer
Ltd. Liability Co.	Officer or Manager
Ltd/Ltd Liability Partnership	General Partner

PRINT NAME: _____

SIGN HERE: _____

SIGNATURE MUST APPEAR AS NAME SHOWN IN QUESTION 7 on L-107, 4 on L-107-C, or 3 on L-107-P.

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

SEAL

INSTRUCTIONS

1. Beginning January 1, 2009 the permit covered under this form will be issued for a two-year period. You **MUST** renew for the entire two-year period. 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.
2. Prepare the application in duplicate. Mail the original application to the Texas Alcoholic Beverage Commission, P.O. Box 13127, Austin, Texas 78711 with the correct permit fees. Keep duplicate for your files.
3. Fee must be paid with Cashier's Check, Money Order, or Firm Check from a corporate permittee made payable to the Comptroller of Public Accounts. We will **NOT** accept personal checks.

Class of Permit	Annual State Fee	*Surcharge Effective 1/1/09	Total Due
Promotional Permit	\$600	\$320	\$920

4. *Surcharges are subject to annual change. The surcharges assessed each year are determined by the Texas Alcoholic Beverage Commission and not by the Legislature. The Legislature determines the total dollar amount to be raised in agency revenue. The revenue is comprised of fees, which are set by the Legislature, and the surcharges which are determined by the agency.