



# Wholesaler's, Distributor's, and Manufacturer's Prequalification Packet

L-W (9/2009)

Please complete this Prequalification Packet with information concerning your proposed business location for which you are applying to wholesale/distribute/manufacture alcoholic beverages. This information will be used to obtain your prequalification to hold a license/permit. You will submit this information to the proper governmental entities for certification that your proposed location is legal for the type of license/permit for which you are applying. Permit applicants will also provide this packet to their local newspaper for certification that you have published the required notice. Please contact your local TABC office for more information.

## LOCATION INFORMATION

### Type of Wholesaler's, Distributor's, and Manufacturer's License/Permit

- |   |   |
|---|---|
| <input type="checkbox"/> <b>W</b> Wholesaler's Permit                 | <input type="checkbox"/> <b>GF</b> Winery Festival Permit             |
| <input type="checkbox"/> <b>X</b> General Class B Wholesaler's Permit | <input type="checkbox"/> <b>J</b> Bonded Warehouse Permit             |
| <input type="checkbox"/> <b>LX</b> Local Class B Wholesaler's Permit  | <input type="checkbox"/> <b>JD</b> Bonded Warehouse Permit (Dry Area) |
| <input type="checkbox"/> <b>B</b> Brewer's Permit                     | <input type="checkbox"/> <b>BB</b> General Distributor's License      |
| <input type="checkbox"/> <b>D</b> Distiller's and Rectifier's Permit  | <input type="checkbox"/> <b>BD</b> Local Distributor's License        |
| <input type="checkbox"/> <b>Z</b> Wine Bottler's Permit               | <input type="checkbox"/> <b>BC</b> Branch Distributor's License       |
| <input type="checkbox"/> <b>G</b> Winery Permit                       | <input type="checkbox"/> <b>BI</b> Importer's License                 |
| <input type="checkbox"/> <b>O</b> Private Carrier's Permit            | <input type="checkbox"/> <b>BJ</b> Importer's Carrier's License       |
| <input type="checkbox"/> <b>L</b> Private Storage Permit              | <input type="checkbox"/> <b>BA</b> Manufacturer's License             |
| <input type="checkbox"/> <b>K</b> Public Storage Permit               | <input type="checkbox"/> <b>MW</b> Manufacturer's Warehouse License   |
| <input type="checkbox"/> <b>GS</b> Winery Storage Permit              | <input type="checkbox"/> <b>SL</b> Storage License                    |

Trade Name of Location

Location Address

City	County	State	Zip Code
			-
Mailing Address	City	State	Zip Code
			-

Business Phone No.	Alternate Phone No.	E-mail Address
(     )     -	(     )     -	

## OWNER INFORMATION

### Type of Owner

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Individual          | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Partnership         | <input type="checkbox"/> Corporation                   | <input type="checkbox"/> Trust         |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Other _____   |

Owner of Business/Applicant

### If Applicant Is/Who Must Be Listed Below (attach L-OIC if additional space is needed).

Individual/Individual Owner	Limited Liability Company/All Officers or Managers
Partnership/All Partners	Joint Venture/Venturers
Limited Partnership/All General Partners	Trust/Trustee(s)
Corporation/All Officers	

Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title

## 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	
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	
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**



# 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
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**







FORM 2-51.3 (5/06)  
(Instructions on next page)

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

BOND NUMBER ↓

(1) \_\_\_\_\_  
(For Surety Company's Use)

**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 the following permit or permits at the designated locations under  
provisions of the Texas Alcoholic Beverage Code.

(5) Permit No.	(6) Location	(7) Amount of Unit Liability
1.		
2.		
3.		
4.		

It is specifically agreed that:

IF more than one permit and location is specified above, the following terms and conditions shall apply separately to each such permit and location. NOW, THEREFORE, THE CONDITION OF THE OBLIGATION is such that if the Principal shall faithfully account for and pay to the State of Texas all permit fees, service fees, taxes and penalties levied by the Texas Alcoholic Beverage Code, and shall faithfully discharge all obligations, duties and responsibilities relating thereto, then this obligation to be void. OTHERWISE to remain in full force and effect; SUBJECT, HOWEVER, to the following terms and conditions:

1. This bond shall become effective on the date of the issuance of above permit by the Texas Alcoholic Beverage Commission and shall remain in full force and effect until cancelled, as hereinafter provided, or until such permit has expired, or in the event administrative action and any and all appeals arising therefrom are finally adjudicated in accordance with the applicable laws. A bond shall be provided with each original and renewal application filed.
2. This bond may be cancelled as to liability for future defaults at any time by the SURETY or by the Texas Alcoholic Beverage Commission, 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, except as to such liability of the PRINCIPAL for such taxes, penalties and interest as may have accrued prior to the expiration of said thirty (30) days, 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, and while this bond is in full force and effect.
3. The liability of the surety on account of all defaults occurring during the entire effective period of this bond shall not exceed the amount above stated, or greater or lesser amount as agreed upon by rider.

PRINCIPAL	SURETY COMPANY
IN TESTIMONY, WHEREOF, said PRINCIPAL has hereunto subscribed his or their names or has cause this instrument to be signed by its duly authorized officers and its corporate seal to be hereunto affixed this date:  _____ A.D., _____  <b>SIGN HERE</b> _____ (Signature of Principal)	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 date:  _____ A.D., _____  <b>SIGN HERE</b> _____ (Signature of Attorney-in-Fact for Surety Company)
<b>PRINCIPAL MUST BE SHOWN AS:</b>	(Surety Company Name)
<b>WHO MUST SIGN:</b>	(Surety Company Mailing Address)
Proprietorship-individual owner -individual	( ) - (Surety Company Area Code and Phone Number)
Partnership-all partners' names -partner	( ) - (Agent's Area Code and Phone Number)
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	

(COMPLETE THE NEXT PAGE)



# ACKNOWLEDGMENTS

FORM 2-51.3 (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 \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_

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

**(S E A L)** Notary Public

**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 \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_

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

**(S E A L)** Notary Public

**NO. 1 – PRINCIPAL-ACKNOWLEDGMENT**

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

## INSTRUCTIONS

- This bond must accompany all original applications for the permits listed below and is also required with each renewal application as separate tax liability is required for each year. Renewals must submit a bond in the amount currently on file.

Class of License	Bond Amount	*Bond Estimate	
Brewer's Permit	\$1,000 Minimum **	Yes - Bases on Sales	*The amount of bond is determined by estimate of 6 weeks sales by gallons for liquor and gallons and class for wine and size of ale. ** Subject to increase A Wine Bottler's Permit & Winery Permit only require 1 Liquor Tax Bond as a comprehensive winery bond. Both permits must be indicated in item (5).
Wholesaler's Permit	\$1,000 Minimum **	Yes - Bases on Sales	
General Class B Wholesaler's Permit	\$1,000 Minimum **	Yes - Bases on Sales	
Local Class B Wholesaler's Permit	\$1,000 Minimum **	Yes - Bases on Sales	
Wine Bottler's Permit	\$1,000 Minimum **	Yes - Bases on Sales	
Winery Permit	\$1,000 Minimum **	Yes - Bases on Sales	
Out-of-State Winery Direct Shipper's Permit	\$1,000 Minimum **	Yes - Bases on Sales	

- On the face of the bond
 

No. (1) must indicate bond number	No. (5) type of permit as shown above
No. (2) name of principal	No. (6) address of business location
No. (3) the surety company name	No. (7) bond amount
No. (4) bond amount	
- Ensure the principal date is entered and the principal has signed the bond.
- The attorney-in-fact must date the bond; sign his/her name, enter surety company name, surety mailing address and surety telephone number.
- Power of Attorney authorizing attorney-in-fact to sign for surety company must be attached.
- 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 2-26.7 (5/06)

Gentlemen: **Irrevocable Letter of Credit No.** \_\_\_\_\_

We hereby establish our irrevocable letter of credit in favor of the State of Texas for the account of **(1)** \_\_\_\_\_

\_\_\_\_\_ doing business as **(2)** \_\_\_\_\_

located **(3)** \_\_\_\_\_, **(4)** \_\_\_\_\_,

Texas, under **(5)** \_\_\_\_\_ license/permit **(6)** \_\_\_\_\_.

This letter of credit is effective up to the aggregate amount of \$ \_\_\_\_\_.

This letter of credit shall remain in effect until the **(7)** \_\_\_\_\_

is released or discharged by the Texas Alcoholic Beverage Commission, or until the expiration date of **(8)** \_\_\_\_\_.

This is your authority to draw drafts for any amount or the full amount not to exceed \$ \_\_\_\_\_.

The letter of credit is given as security for liability of taxes and/or license/permit fees, including interest and penalties, which may accrue under the provisions of the Alcoholic Beverage Code and the Rules of Procedure of the Texas Alcoholic Beverage Commission. The Texas Alcoholic Beverage Commission, acting for the State of Texas, may draw upon this letter of credit prior to its expiration if, in their opinion, unpaid license/permit fees and/or unpaid tax liability, whether disputed or not, might exist, but any such funds will be held in a suspense account subject to final determination under due process of law.

All drafts are to be marked "Drawn under Letter of Credit No. \_\_\_\_\_."

<b>SIGN HERE</b>	_____	<b>Name of Bank</b>	_____
	(Signature of Bank Officer)	<b>Address</b>	_____
	_____	<b>City, State, Zip</b>	_____
	(Title of Bank Officer)	<b>Area Code + Phone No.</b>	(     )     -     _____

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.

**S E A L**

**SIGN  
HERE:** \_\_\_\_\_  
Notary Public

- |  |  |
|--|--|
| (1) Name of Applicant:   | (2) Trade Name of Business                     |
| <b>IF:</b> Corporation ----- Corporate name <b>must</b> be shown   | (3) Actual Business Address (Not Mail Address) |
| Partnership ----- All partners' names <b>must</b> be shown   | (4) City of Business Location                  |
| Limited Partnership - Name of limited partnership and general partner <b>must</b> be shown                         | (5) Type of License/Permit                     |
| Private Club ----- Name of the club <b>must</b> be shown--(If Corporation-Corporate name)                          | (6) License/Permit Number, if Issued           |
| Proprietorship ----- Name of individual <b>must</b> be shown   | (7) Name of Bank                               |
| Limited Liability Partnership - Name of limited liability partnership and all partner's names <b>must</b> be shown |  |
| Limited Liability Company ---- Name of limited liability company <b>must</b> be shown                              |  |
- (8) For **ORIGINAL** applications, if an expiration date is used, it **MUST** be for 2 years, otherwise, this letter of credit will be unacceptable.  
For **RENEWAL** applications, if an expiration date is used, it **MUST** be for 2 years from the issue date of the license/permit the letter of credit supports, otherwise, this letter of credit will be unacceptable.
- FOR RENEWAL-LETTERS OF CREDIT MUST BE DATED ON OR BEFORE THE RENEWAL DATE OF THE LICENSE/PERMIT AND MUST CONTAIN A DIFFERENT LETTER OF CREDIT NUMBER EACH YEAR.  
TAX SECURITY MUST BE PROVIDED WITH EACH ORIGINAL AND EACH RENEWAL APPLICATION IN ORDER THAT WE MAY HAVE SEPARATE TAX LIABILITY FOR EACH LICENSE/PERMIT YEAR.

**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.**

<b>TABC USE ONLY</b>	Date/Signature of Personnel Verifying Bank Information: _____
	Name of Bank Personnel Contacted: _____



# ASSIGNMENT

Security for Taxes and/or Permit Fees  
 Title 5, chapter 204, Section 204.01(d), and Section 204.02(b), Alcoholic Beverage Code 1977, As Amended  
**Texas Alcoholic Beverage Commission, P.O. Box 13127, Austin, TX 78711 (512) 206-3333** FORM 2-37.4 (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 that 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 any part or the full amount of such account at any time WITHOUT NOTICE TO THE ASSIGNOR. This assignment is given as security for liability of taxes and/or permit fees, including interest and penalties, which may accrue under the provisions of the Alcoholic Beverage Code of the State of Texas and the Rules of Procedure of the Texas Alcoholic Beverage Commission.

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 _____	
	City, State, Zip _____	
_____ (Title of Bank Officer)	Area Code & Phone No. (      ) - _____	

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

**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 DISCHARGED, IN WRITING, BY THE TEXAS ALCOHOLIC BEVERAGE COMMISSION.**

**TAX SECURITY MUST BE SUBMITTED WITH EACH ORIGINAL AND EACH RENEWAL APPLICATION, IN ORDER THAT WE MAY HAVE SEPARATE TAX LIABILITY TO COVER EACH PERMIT YEAR.**

**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  
 \_\_\_\_\_  
 (Name of Bank Officer)  
 subscribed to the foregoing instrument, and acknowledged to me that he or she executed the same as the act and deed of the bank 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 Security for Taxes and/or Permit Fees 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 security 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.





FORM 2-52.5 (5/06)  
(Instructions on next page)

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

BOND NUMBER ↓

(1) \_\_\_\_\_  
(For Surety Company's Use)

**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 the 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 License – See next page)  
license for the premises at (6) \_\_\_\_\_  
City of (7) \_\_\_\_\_ County of (8) \_\_\_\_\_  
State of (9) \_\_\_\_\_ pursuant to the provisions of the Texas Alcoholic Beverage Code.

NOW, THEREFORE, THE CONDITION OF THE OBLIGATION is such that if the PRINCIPAL shall faithfully discharge all obligations, duties and responsibilities under the Texas Alcoholic Beverage Code, and all amendments thereto, and all applicable Rules, and additions and amendments thereto, of the Texas Alcoholic Beverage Commission and its predecessor, the Texas Liquor Control Board, and shall duly account for and pay over all taxes, penalties and interest provided for herein to THE STATE OF TEXAS, then this obligation to be void; OTHERWISE to remain in full force and effect; SUBJECT, HOWEVER, to the following terms and conditions:

1. This bond shall become effective on the date of the issuance of the above license by the Texas Alcoholic Beverage Commission and shall remain in full force and effect until cancelled, as hereinafter provided, or until such license has expired, or in the event administrative action and any and all appeals arising therefrom are finally adjudicated in accordance with the applicable laws. A separate bond shall be provided with each original and renewal application filed.
2. This bond may be cancelled as to liability for future defaults at any time by the SURETY or by the Texas Alcoholic Beverage Commission, 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, except as to such liability of the PRINCIPAL for such taxes, penalties and interest as may have accrued prior to the expiration of said thirty (30) days, 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 set forth, accruing during the life of the license and while this bond is in full force and effect.
3. The liability of the SURETY on account of all defaults occurring during the entire effective period of this bond shall not exceed the amount above stated, or greater or lesser amount as agreed upon by rider.

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 style="text-align: right;">_____ A.D., _____</p> <p><b>SIGN HERE</b> _____ (Signature of Principal)</p>	<p>IN TESTIMONY WHEREOF, said SURETY has caused this instrument to be signed by its duly authorized officers and its corporate seal to be hereunto affixed this date:</p> <p style="text-align: right;">_____ A.D., _____</p> <p><b>SIGN HERE</b> _____ (Signature of Attorney-in-Fact for Surety Company)</p> <p style="text-align: center;">_____ (Surety Company Name)</p> <p style="text-align: center;">_____ (Surety Company Mailing Address)</p> <p style="text-align: center;">(     )     -     _____ (Surety Company Area Code and Phone Number)</p> <p style="text-align: center;">(     )     -     _____ (Agent's Area Code and Phone Number)</p>														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">PRINCIPAL MUST BE SHOWN AS:</th> <th style="width:50%;">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> </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	
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														

(COMPLETE NEXT PAGE)

**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 \_\_\_\_\_ day of \_\_\_\_\_ 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 \_\_\_\_\_ day of \_\_\_\_\_ 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

- This bond must accompany all original applications for the licenses listed below and is also required with each renewal application as separate tax liability is required for each year. Renewals must submit a bond in the amount currently on file.

Class of License	Bond Amount	*Bond Estimate	
Brewpub License	\$500 Minimum **	-----	*The amount of bond is determined by the maximum amount of beer sold in a 30 day period. Applicant must submit a statement estimating the maximum amount of beer to be sold in a 30 day period. Example for estimate: 5,000 cases of 24-12 oz., 50 ½ barrels, etc.  **Subject to increase.
Branch Distributor's License	\$500 Minimum **	Yes – Based on Sales	
General Distributor's License	\$500 Minimum **	Yes – Based on Sales	
Local Distributor's License	\$500 Minimum **	Yes – Based on Sales	
Manufacturer's License	\$500	-----	
Non-Resident Manufacturer's License	\$10,000 – Only if delivers to Texas in their vehicles		

- On the face of the bond
 

(1) must indicate bond number	(6) address of business location
(2) name of principal	(7) city of business location
(3) surety company name	(8) county of business location
(4) bond amount	(9) state of business location
(5) type of license as shown above	
- Ensure the principal date is entered and the principal has signed the bond.
- The attorney-in-fact must date the bond; sign his/her name, enter surety company name, surety mailing address and surety telephone number.
- Power of Attorney authorizing attorney-in-fact to sign for surety company must be attached.
- 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.



# Ownership Information Continued for Prequalification Packet

L-OIC (4/2009)

**Please complete this Ownership Information Continued for Prequalification Packet to be included with your prequalification packet if you have more than three individuals to be disclosed as required under Owner Information. Ensure you list all individuals as necessary for your type of entity. Use the chart below. Please contact your local TABC office for more information.**

## LOCATION INFORMATION

Trade Name of Location			
Location Address			
City	County	State	Zip Code  -

## OWNER INFORMATION

If Applicant Is/Who Must Be Listed Below			
Individual/Individual Owner	Limited Liability Company/All Officers or Managers		
Partnership/All Partners	Joint Venture/Venturers		
Limited Partnership/All General Partners	Trust/Trustee(s)		
Corporation/All Officers	City, County, University/Official		
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
Last Name	First Name	MI	Title
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Last Name	First Name	MI	Title
Last Name	First Name	MI	Title