



PARTNERSHIP

This Partnership form should be completed for original applications or for changes of partnerships, limited partnerships, limited liability partnerships, and joint ventures holding ownership in this business. This form is included in the Business Packet (L-B) for new applicants. License/Permit holders reporting changes use Business Packet for Reporting Changes (L-BRC). For individuals outside the United States, not holding a social security number check the "Out of Country" box.

For more information contact your local TABC office or visit us at: www.tabc.texas.gov

ENTITY INFORMATION

1. Federal Employer Identification Number (FEIN).

2. Business Entity Name

3. Filing Number

4. Date Filed (mm/dd/yyyy)

State

PARTNERSHIP INFORMATION

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
-----	----------------	----------------------	----------------------------	---------------------

Last Name

First Name

MI

Title

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
-----	----------------	----------------------	----------------------------	---------------------

Last Name

First Name

MI

Title

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
-----	----------------	----------------------	----------------------------	---------------------

Last Name

First Name

MI

Title

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
-----	----------------	----------------------	----------------------------	---------------------

Last Name

First Name

MI

Title

PARTNERSHIP INFORMATION *CONTINUED*

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
-----	----------------	----------------------	----------------------------	---------------------

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

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
-----	----------------	----------------------	----------------------------	---------------------

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

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
-----	----------------	----------------------	----------------------------	---------------------

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

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
-----	----------------	----------------------	----------------------------	---------------------

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

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
-----	----------------	----------------------	----------------------------	---------------------

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

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
-----	----------------	----------------------	----------------------------	---------------------

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

General Partner Limited Partner

SSN	Out of Country	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent of Interest
-----	----------------	----------------------	----------------------------	---------------------

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

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE