



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

LOCATION PACKET FOR REPORTING CHANGES FOR RETAILERS

L-LRC (08/2019)

Utilize this packet to report changes about your license/permit. All applicants complete questions 1 through 8. To report information that has changed since your last filed (L-L) or (L-LRC) application, check and complete the appropriate questions 9 through 21. DO NOT USE THIS FORM for change of license/permit location, use form L-ON or L-OFF.

If adding a subordinate license/permit, submit correct fees. See fee chart on our website: www.tabc.texas.gov

1. Current License/Permit No.
2. Trade Name of Location as on Current License/Permit
3. Location Address as on Current License/Permit
4. Owner of Business as on Current License/Permit
5. Federal Employer Identification No. (FEIN)
6. Phone No.
7. Email Address:

INITIAL INFORMATION

8. Have there been any changes in the ownership or structure of the business since the last application was filed? [ ] Yes [ ] No
If "YES," complete the Business Packet for Reporting Changes (L-BRC).

CHECK AND COMPLETE ONLY THE SECTION(S) THAT APPLY TO YOUR CHANGE THEN PROCEED TO THE WARNING AND SIGNATURE SECTION.

If adding a Local Cartage Permit (E) or Private Carrier's Permit (O) attach Vehicles - Transporting Alcohol Form L-VEH.

9. [ ] Change Trade Name of Location
10. [ ] Change Mailing Address City State Zip Code
11. [ ] Add Subordinate
[ ] PE Beverage Cartage Permit [ ] LP Local Distributor's Permit
[ ] CB Caterer's Permit [ ] PS Package Store Tasting Permit
[ ] MI Minibar Permit [ ] FB Food and Beverage Certificate
[ ] E Local Cartage Permit (P, Q, BG only) [ ] BP Brewpub License
[ ] O Private Carrier's Permit (BG with a Brewpub (BP) only)

BREW PUB (BP) Only

12. Do you, the applicant, intend to sell your alcoholic product directly to other retailers? [ ] Yes [ ] No
13. Do you, the applicant, intend to sell your alcoholic product to wholesalers/distributors? [ ] Yes [ ] No

LICENSED PREMISE DIAGRAM

14. [ ] Change Diagram of Licensed Premise
Will the license or permit embrace the entire building and grounds at the address shown in question #3? If "NO," attach the required diagram. [ ] Yes [ ] No

An inspection may be required prior to approval.

**LOCATION ADDRESS INFORMATION FOR  
OWNERSHIP/LEASE/SUBLEASE/MANAGEMENT INFORMATION**

**15.  Change Owner of Premise**

Does the applicant own the land and building at this proposed licensed location?

Yes  No

If “**NO**,” complete **Owner of Property (L-OP)** and any question that applies (14 through 18).

**NOTE:** Be prepared to provide additional information (such as a copy of your lease) if requested.

**16.  Change Lease Information**

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

Monthly rental amount \$ \_\_\_\_\_

Other fees and payments to landlord \_\_\_\_\_

**17.  Change Concession, Service or Management Agreement Information**

Are you operating under any concession, service or management agreement(s) that contain terms for services or management beyond property rental?

Yes  No

If “**YES**,” complete **Sublessor (L-SL)**, indicate the following, and attach copy of agreement(s):

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

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

If you have a sublessor that differs from the management company enter sublessor name below **and** complete Form L-SL.

Sublessor Name \_\_\_\_\_

**18.  Change Additional Agreements Information**

Are there any agreements, excluding the above, which require payment by the applicant in a dollar figure or percentage of gross or net income of the business?

Yes  No

If “**YES**,” attach a copy of agreement.

**19.  Change in Shared Premise Information**

Do you share the premises with another business entity?

Yes  No

If “**YES**,” indicate the tradename(s) of business(es) and sales and use tax number(s) for other business(es):

Trade Name \_\_\_\_\_

Sales & Use Tax Number \_\_\_\_\_

**20.  Change Franchise Agreement Information**

Do you or anyone else at the location operate under a franchise agreement?

Yes  No

If “**YES**,” do you have exclusive control of all phases of the purchase, sale, and service of alcoholic beverages?

Yes  No



**WARNING AND SIGNATURE**

**If Applicant Is/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 Texas Department of Criminal Justice for not less than 2 nor more than 10 years."

**BY SIGNING YOU ARE SWEARING TO ALL INFORMATION AND ATTACHMENTS TO THIS PACKET.**

**PRINT NAME** \_\_\_\_\_ **SIGN HERE** \_\_\_\_\_  
**TITLE** \_\_\_\_\_

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

**SIGN HERE** \_\_\_\_\_  
**NOTARY PUBLIC**

**S E A L**

# Business Packet for Reporting Changes

The Business Packet for Reporting Changes (L-BRC) must be completed if there has been any change within your current business structure or applying for a change of class. This packet includes the following forms:

- L-C (Corporation, Trust, City, County or University)
- L-LLC (Limited Liability Company)
- L-P (Partnership)
- L-PHS (Personal History Sheet) – For any new officer, director, manager or majority stockholder/member/partner to your entity. Note: This form (L-PHS) is not required for holders of an **S**, **U**, **BS** and **DS**.

Submit your completed packet to your local TABC office. To find your local office access our website at [www.tabc.texas.gov/contact\\_us/local\\_field\\_office.asp](http://www.tabc.texas.gov/contact_us/local_field_office.asp)

If you are a holder of an **S**, **U**, **BS** or **DS**, submit your application directly to TABC, PO Box 13127 Austin TX 78711-3127. For questions and/or assistance contact [licensing@tabc.texas.gov](mailto:licensing@tabc.texas.gov) or by phone at 512-206-3360.

## Type of Change:

- **Officers, Manager, Director, Stockholder, Member or Trustee/Beneficiary:** Depending on your business type, complete any/all of the following: L-BRC, L-C, L-LLC and/or L-P. A complete business structure must be disclosed on these forms. Personal history sheets (L-PHS) must be completed for any new officer, director, manager or majority stockholder/member/partner to your entity.
- **Change of Business Entity:** Complete the entire Business Packet for Reporting Changes (L-BRC, L-C, L-LLC and/or L-P) for each location affected by the change. TABC requires 10 days prior notice of the change. A Personal History Sheet(s) (L-PHS) for each new individual to your entity and a \$100.00 fee will be required for each location. Review Section 11.12, of the Texas Alcoholic Beverage Code, for qualification and additional requirements. Your current License/Permit will need to be submitted with your application.
- **Merger:** Complete entire Business Packet for Reporting Changes (L-BRC, L-C, L-LLC and/or L-P), The merger must be reported within 10 days of the occurrence, a \$100.00 fee per each location, and an affidavit including all tradenames and locations with license/permit numbers affected must be included. Complete Personal History Sheets (L-PHS) for new individuals to your entity. Your current License/Permit will need to be submitted with your application.
- **Conversion:** Complete the entire Business Packet for Reporting Changes (L-BRC, L-C, L-LLC and/or L-P), attach the certificate of conversion, and an affidavit including all tradenames and locations with license/permit numbers. Complete Personal History Sheets (L-PHS) for new individuals to your entity. Your current License/Permit will need to be submitted with your application.
- **Change of Class (for change of class only):** Complete form (L-BRC) pages 1 and 2 (that apply to your change) and submit any fees required. Your current License/Permit will need to be submitted with your application.
- **Consolidation (Package Store Only):** Complete the entire Business Packet for Reporting Changes (L-BRC, L-C, LLC, and/or L-P), attach the letter of intent to consolidate (consanguinity letter) and a Personal History Sheet (L-PHS) must be completed for new individuals to your entity.



**You must complete the entire Business Packet for Reporting Changes according to your changes as outlined on the instruction sheet (L-BRCI). Select appropriate entity pages. Personal history sheets (L-PHS) must be completed for any new officer, director, manager or majority stockholder/member/partner.**

*All statutory references mentioned in this application refer to and can be found in the Texas Alcoholic Beverage Code located on our website. [www.tabc.texas.gov/laws/code\\_and\\_rules.asp](http://www.tabc.texas.gov/laws/code_and_rules.asp)*

## INDICATE ALL CHANGE(S) YOU ARE REPORTING WITH THIS APPLICATION

1. Current License/Permit No.	2. Contact Phone Number	3. Email Address
<b>4. Type of Change</b> <input type="checkbox"/> Officer, Manager, Director, Stockholder, Member <input type="checkbox"/> Merger <input type="checkbox"/> Partner (limited or general) <input type="checkbox"/> Conversion <input type="checkbox"/> Trustee/Beneficiary <input type="checkbox"/> Consolidation (Package Store Only) <input type="checkbox"/> Change of Business Entity <input type="checkbox"/> Other _____		
5. Effective Date of above change (MM/DD/YYYY)		
<b>6. Are you applying for a change of class?</b> Yes      No If <b>"YES,"</b> indicate type of change: FROM Wine and Beer Retailer's Permit (BG) TO Wine and Beer Retailer's Off-Premise Permit (BQ) FROM Beer Retailer's On-Premise License (BE) TO Beer Retailer's Off-Premise License (BF)		

## OWNER INFORMATION

7. Owner of Business on Current License/Permit	8. Federal Employer Identification No. (FEIN)
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## OWNER INFORMATION (ONLY FOR CHANGE OF BUSINESS ENTITY, MERGER, AND CONVERSION)

**9. Type of Owner**

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> City/County/University	<input type="checkbox"/> Other
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Joint Venture	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Trust	

## BUSINESS INFORMATION

**10. Has any person listed in this Business Packet, or his or her spouse, been finally convicted or received deferred adjudication for any of the following offenses?**      Yes      No

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

- any felony offense
- prostitution
- bookmaking
- gambling or gaming
- bootlegging
- vagrancy offense involving moral turpitude
- any offense involving dangerous drugs, synthetic cannabinoids or controlled substances as defined in Texas Controlled Substances Act
- any offense involving firearms or a deadly weapon
- more than three violations of the Texas Alcoholic Beverage Code relating to minors
- violations of the Texas Alcoholic Beverage Code resulting in a criminal fine of \$500
- violations of an individual's civil rights or discrimination against an individual on the basis or race, color, creed or national origin

If **"YES,"** has it been five years since the termination of a sentence, parole or probation served for any offenses indicated above?      Yes      No

If **"NO,"** attach an explanation.

**11. Has any person listed in this Business Packet, or his or her spouse, had a cancellation of a license or permit in the past five years?**      Yes      No      If **"YES,"** attach an explanation.

The applicant, license/permit holder, agent, servant or employee may not directly or indirectly have any overlapping ownerships or other prohibited relationships (including unfair competition and unlawful trade practices) between those engaged in the alcoholic beverage industry at different levels, that is, between a manufacturer and a wholesaler or retailer, or between a wholesaler and a retailer, as the words "wholesaler," "retailer," and "manufacturer" are ordinarily used and understood, regardless of the specific names given a license/permit. Reference Chapter 102 et seq.

12. Is any person, involved in this application, in violation of the above requirements? Yes No  
 If "YES," attach an explanation.

**COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE  
 (FOR CHANGE OF ENTITY 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**

**WARNING AND SIGNATURE**

If Applicant Is/Must Sign	
Individual/Individual Owner	Corporation/Officer
Partnership/Partner	Limited Liability Company/ Officer or Manager
Limited Partnership/General Partner	

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**BY SIGNING YOU ARE SWEARING TO ALL INFORMATION AND ATTACHMENTS TO THIS PACKET.**

PRINT NAME \_\_\_\_\_ SIGN HERE \_\_\_\_\_

TITLE \_\_\_\_\_

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

SIGN HERE \_\_\_\_\_  
 NOTARY PUBLIC

**S E A L**



Trade Name or Permit Number \_\_\_\_\_

**OWNER OF PROPERTY INFORMATION**

1. Indicate if owner of property is:

- Owner of Land and Building  Owner of Land  Owner of Building  Owner of Boat

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

**INDIVIDUAL OWNER**

2. **Full Legal Name** (Last, First, Middle): \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

SSN: \_\_\_\_\_

**BUSINESS ENTITY OWNER**

3. **Name of Business Entity**

Federal Employer Identification Number (FEIN) for Owner of Property \_\_\_\_\_

**Full Legal Name** of Partner, Officer (Last, First, Middle) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Title \_\_\_\_\_

**Full Legal Name** of Partner, Officer (Last, First, Middle) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Title \_\_\_\_\_

**Full Legal Name** of Partner, Officer (Last, First, Middle) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Title \_\_\_\_\_

**Full Legal Name** of Partner, Officer (Last, First, Middle) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Title \_\_\_\_\_

**Full Legal Name** of Partner, Officer (Last, First, Middle) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Title \_\_\_\_\_

**IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE**





# SUBLESSOR

L-SL  
(01/2018)

<b>1. Trade Name of Location</b>
<b>2. Indicate if you are:</b> <input type="checkbox"/> Sublessor <input type="checkbox"/> Concessionaire <input type="checkbox"/> Management Company of Permittee
<b>3. Business Entity Name for Sublessor, Concessionaire or Management Company</b>
<b>4. Federal Employer Identification Number (FEIN) for Sublessor, Concessionaire or Management Company</b>

**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
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Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Title/Owner
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