



LOCATION PACKET FOR REPORTING CHANGES FOR WHOLESALERS, DISTRIBUTORS AND MANUFACTURERS

Utilize this packet to report changes about your licensed/permit. All applicants complete questions 1 through 8. To report information that has changed since your last filed (L-LW) or (L-LRW) application, check and complete the appropriate questions 9 through 17.

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 Number (FEIN)

6. Phone Number:

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 Private Carrier's Permit (O) or Importer's Carrier's License (BJ) attach **Vehicles – Transporting Alcohol Form L-VEH**.

9. **Change Trade Name of Location**

10. **Change Mailing Address**

City

State

Zip Code

11. **Add Subordinate**

O Private Carrier's Permit

GF Winery Festival Permit

BI Importer's License

BJ Importer's Carrier's License

MW Manufacturer's Warehouse License

DA Brewer's Self Distribution Permit

DB Manufacturer's Self Distribution License

12. **Change Diagram of Licensed Premise**

Will the license or permit embrace the entire building and grounds at the address shown? Yes No

If "NO," attach the required diagram.

An inspection may be required prior to approval.

13. 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 below (14 through 16).

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

14. Change Lease Information

Expiration date(s)/Options _____

Monthly rental amount \$ _____

Other fees and payments to landlord _____

15. Change Sublease Information

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 \$ _____

16. 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.

LOCATION ADDRESS FINANCE INFORMATION

Complete this section (17a & 17b) if you have obtained financial assistance from any source since the submission of your last L-LW or L-LRW application.

17. Change in Finance Information

a. What is the new amount of financial assistance for this location? \$ _____

Please be prepared to provide copies of all documents related to the financing of this location.

b. List any new 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.

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	

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	

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



LOCATION PACKET FOR WHOLESALERS, DISTRIBUTORS AND MANUFACTURERS

The Location Packet (L-LW) should be completed by all Wholesalers, Distributors and Manufacturers submitting an original, reinstatement, and/or change of location application. This packet (L-LW) along with the Prequalification Packet (L-W) must be submitted to your local TABC office.

All statutory and rule references mentioned in this application refer to and can be found in the Texas Alcoholic Beverage Code or Rules located on our website. www.tabc.texas.gov/laws/code_and_rules.asp

1. Application for: Original
 Reinstatement License/Permit Number
 Change of Licensed Location License/Permit Number

2. Trade Name of Location

3. Location Address

4. Business Entity Name/Applicant

5. Federal Employer Identification Number (FEIN)

INITIAL INFORMATION

6. 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).**

7. 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

8. Does the applicant own the land and building at this proposed licensed location? **Yes No**
 If **"NO,"** please complete **Owner of Property (L-OP).**

9. If operating under a lease at this location, indicate:
 Expiration date(s)/Options _____
 Monthly rental amount \$ _____
 Other fees and payments to _____

10. 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 \$ _____

11. Will the license or permit embrace the entire building and grounds at the address shown? **Yes No**
 If **"NO,"** attach a diagram of your premise as required by Section 11.49. **Be advised the location will be inspected prior to approval of your application.**

FINANCE INFORMATION

12. 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.

13. 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 \$
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Name, Corporation, Partner/Officer		Terms	
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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 (J / JD) (Wet / Dry)

14. In general terms, specify what other goods and commodities are stored in this warehouse.

15. Are you providing services to permit holders other than storage? **Yes** **No**

16. Is at least 50% of gross revenue during each three (3) month quarter derived from goods and merchandise other than alcoholic beverages? **Yes** **No**

17. Is the location in a wet or dry area? **Wet** **Dry**

BREWERS (B) (Malt greater than 4% of alcohol by weight)

18. Will the applicant engage in the business of brewing and packaging ale in Texas within the three-year period covered by its original license and one successive renewal in quantities to qualify as a bona fide brewing manufacturer? **Yes** **No**

19. Do you, the applicant contract with another brewery to produce your product? **Yes** **No**
If **"Yes,"** provide the TABC license/permit number of that brewery. _____
Is your product brewed at their location? **Yes** **No**

20. Do you, the applicant, utilize an alternating proprietorship agreement to produce your product?
Yes **No**

If **"Yes,"** provide TABC license/permit number of that brewery. _____
Is your product brewed at their location? **Yes** **No**

MANUFACTURERS (BA) (Malt 4% or less of alcohol by weight)

21. Will the applicant engage in the business of manufacturing and packaging beer in Texas within the three-year period covered by its original license and one successive renewal in quantities to qualify as a bona fide brewing manufacturer? **Yes** **No**

22. Do you, the applicant contract with another manufacturer to produce your beer product? **Yes** **No**
If **"Yes,"** provide the TABC license/permit number of that manufacturer. _____
Is your product manufactured at their location? **Yes** **No**

23. Do you, the applicant, utilize an alternating proprietorship agreement to produce your beer product?
Yes **No**

If **"Yes,"** provide TABC license/permit number of that manufacturer. _____
Is your product manufactured at their location? **Yes** **No**

MANUFACTURERS (BA) and BREWERS (B)

24. If you are operating under an alternating or contract brewing agreement; do you, the applicant, own a fee interest (ownership) in a brewing facility? **Yes** **No**
If **"No,"** please submit a Fee Interest Bond which must be on file and approved to issue your license/permit. **Fee Interest Bond** form and instructions can be downloaded from <http://www.tabc.state.tx.us/forms/>

25. Do you, the applicant, hold a Brewer's Notice issued by the Alcohol and Tobacco Tax and Trade Bureau of the United States Department of the Treasury? **Yes** **No**
If **"Yes,"** please provide TTB Brewers Notice Number _____
and **attach copy.**

MANUFACTURERS (BA), BREWERS (B) and DISTILLERS (D)

26. Do you, the applicant, intend to sell for on-premise consumption during the life of this license/permit?
Yes **No**

If **"Yes,"** have you confirmed with your city and county that it is an allowable privilege? **Yes** **No**

DISTILLERS (D)

27. Do you, the applicant, intend to sell commemorative bottles for off-premise consumption? **Yes No**
If "Yes," have you confirmed with your city and county that it is an allowable privilege? **Yes No**

WHOLESALEERS

28. 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

29. 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

30. 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.

31. Do you, the applicant, engage in any activity authorized by the winery permit on the permitted premise of another winery? **Yes No**
If "Yes," provide the TABC winery permit number of that winery _____ and attach copy of agreement between the permit holders for review.

WARNING AND SIGNATURE

If Applicant Is:

- Individual
- Partnership
- Limited Partnership
- Corporation
- Limited Liability Company

Who Must Sign

- Individual Owner
- Partner
- General Partner
- Officer
- Officer or Manager

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

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 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

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

1. Current License/Permit No.	2. Contact Phone Number	3. Email Address
4. Type of Change <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)		
6. Are you applying for a change of class? Yes No If "YES," 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	

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.

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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



OWNER OF PROPERTY

L-OP
(05/2018)

1. Trade Name of Location

2. 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.

3. Wholesaler's (W, X) and Manufacturer's (G, Z, B, D) – Is the owner of premise information used for a storage permit (L, K) or Manufacturer's Warehouse License (MW)? Yes No

4. Owner of Property (Individual or Business Entity)

5. Federal Employer Identification Number (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

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



SUBLESSOR

L-SL
(01/2018)

1. Trade Name of Location
2. Indicate if you are: <input type="checkbox"/> Sublessor <input type="checkbox"/> Concessionaire <input type="checkbox"/> Management Company of Permittee
3. Business Entity Name for Sublessor, Concessionaire or Management Company
4. Federal Employer Identification Number (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
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Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Title/Owner
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