



Private Club Application Document Guide

The following is a guide of documents generally requested by the Commission to accompany your completed Private Club application. The appropriate fees and surcharges are required at the time of submission as well.

1. Minutes of organizational meeting

Minutes should include:

- Announcement of the original organizational meeting
- Names of the members present at that meeting
- Election of officers and membership committee
- Discussion of:
 - Renting or purchasing of the property
 - Loan acquisition
 - Hiring of a manager
 - The nature of the association (incorporated or unincorporated association)
 - Membership fees and how to generate capital for start-up costs.

2. Copy of bylaws

Bylaws should include:

- Common objectives or purpose of the club
- Election of governing body and outline of duties
- Time and place of annual meeting and provisions
- A membership committee and their function
- House rules
- Provisions for contracts, leases, etc.
- Provisions for amendments to the bylaws

3. Membership list

Membership list should include:

- Names of members
- Residential addresses of members including county
- Residential or business phone numbers of members

4. Copy of club rules

5. Copy of lease(s) and sublease agreement(s), concession (food service) agreements and menus

6. Management agreement

7. Loan documents *(if applicable)*

8. Menu or list of food items available

Note: The Commission may request additional documentation in support of our application.



PRIVATE CLUB PREQUALIFICATION PACKET

L-N
(12/2017)

Contact your local TABC office to verify requirements of Section 11.391 and 61.381

Submit the completed packet to your local TABC office for processing.

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

LOCATION INFORMATION

1. Type of Private Club Permit

- | | |
|--|---|
| <input type="checkbox"/> N Private Club Registration Permit | <input type="checkbox"/> NL Private Club Late Hours Permit |
| <input type="checkbox"/> NB Private Club Beer and Wine Permit | <input type="checkbox"/> PE Beverage Cartage Permit |
| <input type="checkbox"/> NE Private Club Exemption Certificate Permit | <input type="checkbox"/> FB Food and Beverage Certificate |

2. Indicate Primary Business at this Location

- | | |
|-------------------|-------------------------------------|
| Restaurant | Sporting Arena, Civic Center, Hotel |
| Bar | Miscellaneous |
| Sexually Oriented | |

3. Trade Name of Location

4. Location Address

City	County	State	Zip Code
------	--------	-------	----------

5. Mailing Address

City	State	Zip Code
------	-------	----------

6. Business Phone No.

Alternate Phone No.

E-mail Address

OWNER INFORMATION

7. Type of Owner

- | | |
|--|---------------------------------------|
| Incorporated Association of Persons
Corporation | Unincorporated Association of Persons |
|--|---------------------------------------|

8. Name of Owner/Applicant

9. Are you, the applicant a veteran-owned business? Yes No

10. Are you, the applicant a Historically Underutilized Business (HUB)? Yes No

11. All Officers Must Be Listed Below (attach L-OIC if additional space is needed).

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

MEASUREMENT INFORMATION

12. If you are **not** applying for a Food and Beverage Certificate, will your business be located within 300 feet of any day care center or child care facility? Yes No

If **"YES,"** are the facilities located on different floors or stories of the building? Yes No

NOTE: For day care centers and child care facilities measure in a direct line from the nearest property line of the school, day care center or child care facility to the nearest property line of the place of business, and in a direct line across intersections.

For multistory building: businesses may be within 300 feet of a day care center or child care facility as long as the facilities are located on different floors of the building.

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.

PRIVATE CLUB LATE HOURS PERMIT

To determine whether the club is authorized to receive a Private Club Late Hours Permit, **answer one of the following questions**, whichever is applicable.

13. Is the proposed licensed location in a city or county that was 500,000 or more in population according to the 22nd Decennial Census of the United States as released by the Bureau of the Census on March 12, 2001; or is the proposed licensed location in a city or county that was 800,000 or more according to the last Federal Census (2010)? Yes No

14. If the proposed licensed location is in an unincorporated area of a county has the county commissioner's court adopted by order the late hours of consumption of alcoholic beverages? Yes No

15. If the proposed licensed location is in an incorporated city/town, has the governing body of the city/town adopted by ordinance the late hours consumption of alcoholic beverages? Yes No

60-DAY SIGN INFORMATION

16. If you were required to post a 60-day sign as required by Section 11.391 or 61.381 of the Texas Alcoholic Beverage Code at this location; what exact date was the required sign posted at the location?	Exact Date (MM/DD/YYYY)
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ALL APPLICANTS

15. **CHECK HERE IF NOT IN CITY LIMITS**
I, the applicant, have confirmed I am not located in the city limits of any city and therefore all city certificates are not required.

WARNING AND SIGNATURE

An Officer Must Sign

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

COMPTROLLER OF PUBLIC ACCOUNTS CERTIFICATE

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 N, NL, NE & NB)

Name of newspaper		ATTACH PRINTED COPY OF THE NOTICE HERE
City, County		
Dates notice published in daily/weekly newspaper (MM/DD/YYYY)		
<i>Publisher or designee certifies attached notice was published in newspaper stated on dates shown</i>		
Signature of publisher or designee		
Sworn to and subscribed before me on this date		
Signature of Notary Public		
S E A L		



Business and Location Packet for Private Clubs

The entire Business and Location Packet for Private Clubs should be completed including all necessary ownership information and personal history sheets.

LOCATION INFORMATION

1. Trade Name of Location	
2. Business Entity Name	
3. Federal Employer's I.D. No.	
4. Secretary of State Filing No. (if incorporated)	Date Approved (mm/dd/yyyy)

FEE INFORMATION

5. If applying for a Private Club Registration Permit (N), indicate your permit fee payment option below and see the fee chart for current fees/surcharges. <input type="checkbox"/> Option 1 – Membership <input type="checkbox"/> Option 2 – Set Fees
6. If applying for a Private Club Registration Permit (N), indicate the current club membership _____

PRIVATE CLUB OFFICER/DIRECTOR INFORMATION

<input type="checkbox"/> Officer <input type="checkbox"/> Director				
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name	First Name		MI	Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director				
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name	First Name		MI	Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director				
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name	First Name		MI	Title
<input type="checkbox"/> Officer <input type="checkbox"/> Director				
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name	First Name		MI	Title

PRIVATE CLUB OWNERSHIP INFORMATION CONTINUED

Officer Director

SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name		First Name	MI	Title

Officer Director

SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name		First Name	MI	Title

Officer Director

SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name		First Name	MI	Title

Officer Director

SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name		First Name	MI	Title

Officer Director

SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name		First Name	MI	Title

Officer Director

SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name		First Name	MI	Title

Officer Director

SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name		First Name	MI	Title

Officer Director

SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Class & No. of Shares	
Last Name		First Name	MI	Title

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE

BUSINESS INFORMATION

7. Has any person listed in this application, 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:

- (1) any felony offense
- (2) prostitution
- (3) bookmaking
- (4) gambling or gaming
- (5) bootlegging
- (6) vagrancy offense involving moral turpitude
- (7) any offense involving dangerous drugs, synthetic cannabinoids or controlled substances as defined in Texas Controlled Substances Act
- (8) any offense involving firearms or a deadly weapon
- (9) more than three violations of the Texas Alcoholic Beverage Code relating to minors
- (10) violations of the Texas Alcoholic Beverage Code resulting in a criminal fine of \$500
- (11) 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.

8. Has any person listed in this application, 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.

9. Are all members at least 21 years old? - Yes - No

10. Are you the applicant providing regular food service at this location, adequate for members and guests?
- Yes - No (Please be prepared to furnish a menu.)

OWNERSHIP/LEASE/SUBLEASE/MANAGEMENT INFORMATION

11. Does the applicant own the land and building at this proposed licensed location? - Yes - No

If "**NO**," please complete **Owner of Premise (L-OP)**.

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

12. If operating under a lease at this location, indicate:

Expiration date(s)/Options _____

Monthly rental amount \$ _____

Other fees and payments to landlord _____

13. 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 _____

14. 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 and service of alcoholic beverages? - Yes - No

15. 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 _____

16. Are there any agreements, excluding questions 12, 13 & 14, which involve alcohol in any way?
 - Yes - No If "YES," attach a copy of agreement.

SALES AND LOCATION INFORMATION

17. Provide projected sales data or actual sales data for the 12 months preceding this application.

Sales Year (YYYY) 20_____

Alcoholic Beverage \$ _____

Food \$ _____

Other \$ _____

Total \$ _____

18. Is the proposed location in a hotel or motel? - Yes - No

19. Will the license or permit embrace the entire building and grounds at the address shown?
 Yes - No If "NO," attach required diagram.

FINANCE INFORMATION

20. 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.

21. 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 No.	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount \$
Name, Corporation, Partner/Officer		Terms	
SSN or FEIN No.	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount \$
Name, Corporation, Partner/Officer		Terms	
SSN or FEIN No.	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount \$
Name, Corporation, Partner/Officer		Terms	
SSN or FEIN No.	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount \$
Name, Corporation, Partner/Officer		Terms	

MEASUREMENT INFORMATION

22. Is any property line of your premises within 300 feet of a residential address or established neighborhood association? - Yes - No

If **“YES,”** and if you are not applying for a Food and Beverage Certificate, notify each residential address or established neighborhood association. Attach a list of all addresses notified with a copy of the completed notice.

23. Is any property line of your premises within 1000 feet of a public school? - Yes - No

If **“YES,”** and if you are not applying for a Food and Beverage Certificate, be advised you may need to post a Conduct Surety Bond.

PRIVATE CLUB REGISTRATION PERMIT (N) / PRIVATE CLUB BEER & WINE PERMIT (NB)

24. List names of all members on membership committee:

25. Is any member of the membership committee directly or indirectly employed by the club? - Yes - No
If **“YES,”** explain employment relationship.

26. Does the club have at least 50 members who reside in the county where the club is located or at least 100 members who reside in that county and an adjacent county or counties? - Yes - No

NOTE: You must attach a copy of your membership list including charter members. Provide contact information, home address and county of residence.

27. Indicate which type of liquor storage, club members will use: Pool Locker

If operating under the pool system, has each member of the pool participated equally in the purchase of all alcoholic beverages? - Yes - No

PRIVATE CLUB EXEMPTION CERTIFICATE (NE) ONLY

28. Indicate one of the following for the organization: Veteran Fraternal Building Hall Association

If applicant is a **veteran or fraternal organization**, enter the following information.

29. Official Name of Parent Organization

30. Address of Parent Organization

31. Indicate one of the following for the organization: American National Texas State Fraternal

If **fraternal**, has this local unit operated an establishment for fraternal purposes at least one year? - Yes - No

If applicant is a **building or hall association**, enter the following information.

32. Is all stock owned by the local unit or members of the local unit of the fraternal organization that operates the club facilities of the local unit? - Yes - No

33. Is the association composed of members appointed by the county commissioner's court to administer, manage and control an exposition center? - Yes - No

If applicant is a **building association** appointed to control and manage an exposition center, enter the following information.

34. Is the exhibition area at least 100,000 square feet? Yes No

35. Does the arena have at least 6,000 fixed seats? Yes No

36. Is the exhibition area situated on property within an area of at least 50 acres including the land and building owned by the county? Yes No

WARNING AND SIGNATURE

An Officer Must Sign

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

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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IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE



PERSONAL HISTORY SHEET

Answer all questions. Any false statement will disqualify you and subject you to prosecution under section 101.69 of the Texas Alcoholic Beverage Code and other criminal statutes.

APPLICANT

1. Trade Name:

2. Location Address:

3. Applicant's Marital Status: Single Married Divorced Widowed

4. Applicant's Social Security Number	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy)			
Applicant's Full Legal Name (Last, First, Middle)		Place of Birth (City, State, Country)			
Applicant's Email Address					
Race	Sex	Height	Weight	Hair Color	Eye Color

APPLICANT'S SPOUSE

5. Spouse's Social Security Number Issuing State/ Driver License Number Date of Birth (mm/dd/yyyy)

Spouse's Full Legal Name (Last, First, Middle) Place of Birth (City, State, **Country**)

Race	Sex	Height	Weight	Hair Color	Eye Color
------	-----	--------	--------	------------	-----------

OTHER RESIDENT

6. Do you live with anyone over the age of 18, other than your spouse? 6. YES NO
 If "YES," please provide their information below: *(If additional space is needed, please attach a page with information.)*

Social Security Number	Issuing State/ Driver License No.	Date of Birth (mm/dd/yyyy)	Relationship
Full legal name (Last, First, Middle)		Race	Sex

RESIDENTIAL ADDRESSES

7. List residential addresses for the past five (5) years starting with current address.
If you have not lived in Texas for the previous 12 months, you are required to provide TABC with an official copy of your criminal background check from the state police or FBI of any state where you lived in the previous five years.
(If additional space is needed, please attach a list with the following information.)

Number and Street	City, State, ZIP	From (mm/yyyy)	To (mm/yyyy)
			PRESENT

8. Business Phone No. Residential Phone No. Mobile Phone No. (optional)

RESIDENT STATUS

- 9A. Are you a U.S. citizen? YES NO
- B. If "YES," answer the following:
 Native Born Naturalized. If "Naturalized," Provide the "A" Number _____
- C. If "NO," answer the following: What is your legal status in the United States? Explain below, or attach a page with information.

- D. Provide all documents such as Visa, Resident Alien, Employment Authorization Documents, etc.

TABC USE ONLY	APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO	SPOUSE (BE/BG ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
	CH - Date Entered / /	Supervisor's Signature	Destroy Date / /

EMPLOYMENT HISTORY

10. List employment for the *past five (5) years* beginning with your current employer. Indicate periods of unemployment, retirement or self-employment, including dates. If retired or self-employed, include name of company from which you retired or owned, and the position you held or type of business owned. Also indicate if not employed outside your home.
(If additional space is needed, attach a separate sheet.)

Name of Employer/Company	Address (Street, City, State, ZIP)	Position Held/Business Type	From (mm/yyyy)	To (mm/yyyy)
				PRESENT

INDIVIDUAL FINANCIAL INFORMATION

11. List the total amount of **your** personal investment in this location. Provide investment details including notes, loans, gifts, cash, services or equipment, and operating capital. Account for the original source of all investments (how acquired). Enter total dollar amount on the line of the amount invested column.
(If additional space is needed, attach a separate sheet.)

NOTE: If investment is in the form of a loan or gift, attach name of lender or financial institution, address, terms and security and loan/gift documents. If from an individual, attach personal information for all individuals including: name, social security and driver license numbers, date of birth, race, sex, etc.

Amount Invested	Original Source of Investment (loans, previous employment, etc).
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	TOTAL AMOUNT OF PERSONAL INVESTMENT

SIGN AND NOTARIZE APPLICATION

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."

I, under penalty of law, hereby swear that I have read all the information provided in this document and any attachments and the information is true and correct. I also understand any false statement or representation in this application can result in my application being denied and/or criminal charges filed against me. I also authorize the Texas Alcoholic Beverage Commission to use all legal means to verify the information provided.

PRINT NAME: _____

AUTHORIZED SIGNATURE: _____

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

SIGN HERE: _____

(S E A L)

Notary Public