



This Limited Liability Company form should be completed for original applications or for changes of officers, managers, and members holding ownership in this business. 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. Member Managed or Manager Managed <input type="checkbox"/> Member Managed <input type="checkbox"/> Manager Managed	
5. Date Filed (mm/dd/yyyy)	State	Class and Number of Memberships or Units Issued	

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION

<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member (Mark All That Apply)				
Last Name		First Name	MI	Title
SSN <input type="checkbox"/> Out of Country		Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held	
<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member (Mark All That Apply)				
Last Name		First Name	MI	Title
SSN <input type="checkbox"/> Out of Country		Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held	
<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member (Mark All That Apply)				
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<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member (Mark All That Apply)				
Last Name		First Name	MI	Title
SSN <input type="checkbox"/> Out of Country		Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held	

CORPORATE OWNERSHIP INFORMATION *CONTINUED*

<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member <i>(Mark All That Apply)</i>			
Last Name	First Name	MI	Title
SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held	
<input type="checkbox"/> Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member <i>(Mark All That Apply)</i>			
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SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held	
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Last Name	First Name	MI	Title
SSN <input type="checkbox"/> Out of Country	Date of Birth (mm/dd/yyyy)	Percentage Membership or Units Held	

IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE