



**Do not use this form to report a change of license or permit location (use Form L-IA), or to report changes to your business entity (use Form L-BI). Complete appropriate questions below to report any changes since you last reported to TABC**  
**If adding a subordinate license/permit, submit correct fees. See fee chart on our website: [www.TABC.Texas.gov](http://www.TABC.Texas.gov)**

1. Current License/Permit No.			
2. Trade Name of Location shown on Current License/Permit			
3. Location Address shown on Current License/Permit	City	State	Zip Code
4. Owner of Business shown 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 **Changes to Business Information (Form L-BI)**.

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

9.  Change Trade Name of Location

10.  Change Mailing Address

City	State	Zip Code
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11.  Add Subordinate

<input type="checkbox"/> BP Brewpub License	<input type="checkbox"/> FC Forwarding Center Authority	<input type="checkbox"/> SD Brewer's Self-Distribution License
<input type="checkbox"/> FB Food and Beverage Certificate	<input type="checkbox"/> LP Local Distributor's Permit	<input type="checkbox"/> WP Water Park Permit

**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

**PROPERTY OWNERSHIP/LEASE/SUBLEASE/MANAGEMENT INFORMATION**

14.  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 (15 through 19).  
**NOTE:** Be prepared to provide additional information (such as a copy of your lease) if requested.

15.  Change Lease Information

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

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

If other fees and payments are due to the landlord, indicate amount and reason \$ \_\_\_\_\_ Reason: \_\_\_\_\_

16.  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? If "YES," complete **Sublessor (Form L-SL)**, indicate the following, and attach copy of agreement(s)  Yes  No

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 \_\_\_\_\_

17.  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.

18.  **Change in Shared Premises 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 \_\_\_\_\_

19.  **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

**Sales Information for Following License/Permit Types:  
 MB/FB, BG/FB, BE/FB**

20. Provide **projected (future)** sales data for first 12 months of operation.  
 Sales Year (YYYY) 20 \_\_\_\_\_  
 Alcoholic Beverage Sales \$ \_\_\_\_\_  
 Food Sales \$ \_\_\_\_\_  
 Other Sales \$ \_\_\_\_\_  
 Total Sales \$ \_\_\_\_\_

**Additional Requirements you are Attesting to for Food and Beverage Certificate Only:**

- Projected receipts from the sale of alcoholic beverages are 60% or less of the total gross receipts of the location.
- Food service is maintained on the licensed/permitted premises.
- There is a permanent food service facility on the licensed/permitted premises.
- There are multiple entrees available to customers.
- Food items are primarily consumed on the licensed location.
- Hours of operation for the sale and service of food are at least the same hours for the sale and service of alcoholic beverages.
- Records for food service will be made available for inspection or audit, even if the food service facility at the location is maintained by a separate business entity than the permittee.
- Although you are not required to provide photos of kitchen equipment and copies of menus as this time, you may be subject to a virtual audit in which you would be required to provide them at that time.
- By signing below, I affirm to the TABC that my location is eligible to receive a Food and Beverage Certificate. I understand that the Food and Beverage Certificate may be cancelled at any time if TABC finds that the location does not meet the eligibility requirements. I further understand that if the Food & Beverage Certificate is cancelled for such reason, I will be ineligible to apply for a new certificate until one calendar year has passed from the initial cancellation.

**Location Address Finance Information**

Complete this section (21a & 21b) if you have obtained financial assistance from any source since the submission of your last L-L or L-LRC application.

21.  **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 all sources of funds advanced to you for your business. If a partnership or corporation, list entity along with partners/officers.

Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount \$	Terms
Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount \$	Terms
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Name, Corporation, Partner/Officer		Date of Birth (mm/dd/yyyy)
SSN or FEIN	Amount \$	Terms

**If more space is needed, attach additional page.**

# 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 knowingly 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**