



Contact your local TABC office to verify requirements of Section 11.391 and 61.381
Submit the completed application to your local TABC office for processing.
All statutory references mentioned in this application refer to the Texas Alcoholic Beverage Code which can be located on our website by clicking [here](#).

LOCATION INFORMATION

1. Type of Private Club Permit <input type="checkbox"/> N Private Club Registration Permit <input type="checkbox"/> LH Late Hours Certificate <input type="checkbox"/> NB Private Club Malt Beverage and Wine Permit <input type="checkbox"/> FB Food and Beverage Certificate <input type="checkbox"/> NE Private Club Exemption Certificate Permit		2. Indicate Primary Business at this Location <input type="checkbox"/> Bar <input type="checkbox"/> Sexually Oriented <input type="checkbox"/> Restaurant <input type="checkbox"/> Sporting Arena, Civic Center, Hotel <input type="checkbox"/> Miscellaneous _____	
3. Trade Name of Location (Name of restaurant, bar, club etc.)			
4. Location Address Street Number Street Name City County State Zip Code			
5. Mailing Address Street Number Street Name City State Zip Code			
6. Business Phone No.		Alternate Phone No.	E-mail Address

OWNER INFORMATION

7. Type of Owner <input type="checkbox"/> Corporation <input type="checkbox"/> Incorporated Association of Persons <input type="checkbox"/> Unincorporated Association of Persons			
8. Name of Owner/Applicant		9. Federal Employer's I.D. No. (FEIN)	
10. Secretary of State Filing No. (if incorporated)		Date Secretary of State Filing Approved (mm/dd/yyyy)	
11. Are you, the applicant, a veteran-owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Are you, the applicant, a Historically Underutilized Business (HUB)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PRIVATE CLUB OFFICER/DIRECTOR INFORMATION

All officers MUST complete a Personal History Sheet (PHS). Click here [Forms | TABC \(texas.gov\)](#) to obtain the PHS.

<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	

Officer/Director section continued on page 2

PRIMARY CONTACT PERSON

The primary contact person should be a person who can answer questions TABC may have about the application. The contact **phone and email are mandatory and must be active and updated regularly**. If additional information is needed, it will be requested from this contact person. **Delays in responding to requests may delay the processing and approval of your license/permit.**

13. Contact Person:	Relation to Business:		
Phone (mandatory):	Email (mandatory):		

TABC DATESTAMP

PRIVATE CLUB OFFICER/DIRECTOR INFORMATION (CONTINUED)

<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	
<input type="checkbox"/> Officer <input type="checkbox"/> Director			
Last Name	First Name	MI	Date of Birth
SSN	Title	Class & No. of Shares	

If more space is needed, attach additional page.

BUSINESS INFORMATION

14A. Has any person listed in the business information section, or his or her spouse, been finally convicted or received deferred adjudication for any of the offenses below? If so, indicate by checking all that apply. If any boxes are checked, and it has not been five years since the termination of a sentence, parole or probation served, 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
- any offense involving drink solicitation
- 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

14B. If any person listed in the Business Section has had a TABC license or permit canceled, attach an explanation.

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

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

Property Ownership/Lease/Sublease/Management Information

Complete question 17A. or 17B. to document owner of property. If land and building are owned by different entities, group partners/officers of each entity separately on additional sheet.

Individual Property Owner

17A. Full Legal Name (Last, First, Middle):	Date of Birth (mm/dd/yyyy)	SSN
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Property Owner Information (If owner is business entity)

17B. Name of Business Entity	Federal Employer Identification Number (FEIN)	See Attached Sheet <input type="checkbox"/>
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18. If operating under a lease at the location listed in question 3, complete the following:

Expiration date(s)/Options _____

Monthly rental amount \$ _____

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

If you are you operating under any concession, service or management agreement(s) that contain terms for services or management beyond property rental, complete question number 19. Attach copy of all agreements.
If question 19 does not apply, go to question 20

19A. Indicate if you are: Sublessor Concessionaire Management Company

19B. Entity Name of Sublessor, Concessionaire or Management Company: _____

19C. FEIN of Sublessor, Concessionaire or Management Company: _____

Enter information for individual or business entity below

Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	FEIN or SSN
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	FEIN or SSN

Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	FEIN or SSN
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)	FEIN or SSN

Use form L-SL if additional space is needed. Click here [Forms | TABC \(texas.gov\)](#) to obtain the form

19D. Enter contract information below:
 Expiration date(s)/Options _____
 Monthly fee \$ _____

19E. If you have a sublessor that differs from the management company enter sublessor name below.
 Sublessor Name _____ FEIN _____

20A Do you or anyone else at the location operate under a franchise agreement? Yes No
 20B If "YES," as required under Section 109.53 do you maintain exclusive control of ALL phases of the purchase, sale, service and brands of alcoholic beverages? Yes No

If there are any agreements, excluding questions 18 and 19, which involve alcohol in any way, you MUST attach copies of those agreements.

SALES AND LOCATION INFORMATION

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

Sales Year (YYYY) 20 _____
 Alcoholic Beverage \$ _____
 Food \$ _____
 Other \$ _____
 Total \$ _____

22. Is the proposed location in a hotel or motel? Yes No
 23. Will the license or permit embrace the entire building and grounds at the address shown? If "NO," attach required diagram. Yes No

FINANCE INFORMATION

24. What is the amount of total investment from all sources for this location? \$ _____
 Be prepared to provide copies of all documents related to the financing of this location.

25. 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.

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

MEASUREMENT INFORMATION

Click [here](#) for measurement instructions, information, and requirements

26. 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 applying for an On-Premise License/Permit, and if a Food and Beverage Certificate is not applied for, you must notify each residential address and established neighborhood association.
 The notice must be provided not earlier than the 14th day and not later than the 7th day before the date the application is filed.
 Submit a copy of the completed notice along with a list of all addresses notified; as required by Section 11.393 and 61.38
 Click [Notice of Application](#) to view and print notice.

27. 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, you may need to post a Conduct Surety Bond.

LATE HOURS CERTIFICATE

To determine whether the club is authorized to receive a Late Hours Certificate, answer one of the following questions.

28. 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
29. 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

30. 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; provide exact date the required sign was posted at the location. Exact Date (MM/DD/YYYY)

ALL APPLICANTS

31. 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

SEAL

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 _____

SEAL

PUBLISHER'S AFFIDAVIT (FOR N, LH, NE & NB)

Name of newspaper		ATTACH PRINTED COPY OF THE NOTICE HERE Click here to see example of newspaper publication
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		
SEAL		

Private Club Application Document Guide

The following is a guide of documents that may be requested by the Commission to accompany your completed Private Club application. The appropriate fees are required at the time of submission.

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), sublease agreement(s) and concession (food service) agreements if applicable

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 your application.