



Forwarding Center Authority expiration date will be the same as your primary license/permit.

The holders of the following license/permit classes are eligible to obtain this authority:

- Brewer's License (BW)
- Distiller's and Rectifier's Permit (D)
- Nonresident Brewer's License (BN)
- Winery Permit (G)
- Nonresident Seller's Permit (S)

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

	ISSUE DATE	FEE
TABC USE ONLY	/ /	\$2,000

1A. APPLICATION FILED FOR:

Original

Change Manufacturer's License/Permit Number _____

1B. If change, enter Regional Forwarding Center No.:

FC - _____

Registry No. _____

ALL APPLICANTS

2. APPLICATION IS FILED BY:
 Current TABC Manufacturer's License/Permit Number: _____

Entity Name: _____

3. Name of Regional Forwarding Center _____

4. Location Address (of Regional Forwarding Center)

City _____ County _____ State _____ Zip Code (9 digits) _____

5. Mailing Address _____ City _____ State _____ Zip Code (9 digits) _____

6. Business Phone No. _____ Alternate Phone No. _____ E-mail Address: _____

7. IF YOUR LOCATION IS NOT WITHIN THE CITY LIMITS, CHECK HERE
 I, the applicant, have confirmed I am not located in the city limits of any city and therefore all city certificates are not required.

TABC USE ONLY	PROCESSOR REVIEW DATE		WRITTEN PROCESS DATE	
	END PROCESS DATE		PROCESSOR I.D.	
	TABC DATESTAMP			

8. If Manufacturer Applicant is:	Who Must be Listed Below:
Individual	Individual Owner
Partnership	All Partners
Limited Partnership	All General Partners
Corporation	All Officers
Limited Liability Company	All Officers or Managers
Joint Venture	Venturers
Trust	Trustee(s)

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

REGIONAL FORWARDING CENTER OWNER OF PREMISE INFORMATION

9. Trade Name of Regional Forwarding Center Location

10. Indicate if owner of Regional Forwarding Center Property is:
 Owner of Land and Building Owner of Land Owner of Building
Note: If land and building are owned by different entities, complete this section for each entity.

11. Owner of Regional Forwarding Center Property (Individual or Business Entity)

12. Federal Employer Identification Number (FEIN) for Regional Forwarding Center Owner of Property

COMPLETE THE FOLLOWING: Information for the officers/managers of the owner of premise

Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Date of Birth (mm/dd/yyyy)
SSN	Title/Owner	
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Date of Birth (mm/dd/yyyy)
SSN	Title/Owner	
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Date of Birth (mm/dd/yyyy)
SSN	Title/Owner	
Full Legal Name of Individual, Partner, Officer (Last, First, Middle)		Date of Birth (mm/dd/yyyy)
SSN	Title/Owner	

READ THIS IMPORTANT STATEMENT BEFORE SIGNING THIS APPLICATION.

The holder of this authority may have an interest directly or indirectly, in only the manufacturing level of the Alcoholic Beverage Industry. You or your agent, servant, or employee, including 3rd party operators/regional forwarding center employees, may not be employed in any capacity at wholesale or retail levels, may not rent or lease property or equipment from or to an entity operating at wholesale or retail levels, may not secure credit or a loan in any form for an entity at wholesale or retail levels, cannot control in any fashion the interests of a permittee or licensee at wholesale or retail levels.

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code is as follows: "...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."

ACKNOWLEDGMENT

If Applicant is:	Who Must Sign:
Individual	Individual Owner
Partnership	Partner
Corporation	Officer
Limited Partnership	General Partner
Limited Liability Partnership	General Partner
Limited Liability Company	Office or Manager

See chart on left to determine who must sign

PRINT NAME: _____

SIGN HERE: _____

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 read the said application and that all the facts therein set forth are true and correct.

SIGN HERE: _____

NOTARY PUBLIC

S E A L

CERTIFICATE OF CITY SECRETARY

Sections 11.37 & 61.37

Not later than the 30th day after the date a prospective applicant for a license or permit requests certification, the city secretary or clerk shall certify whether the location or address given in the request is in a wet area and whether the sale of alcoholic beverages for which the license or permit is sought is prohibited by ordinance.

I hereby certify on this _____ day of _____, 20____, the location address is in a "**wet area**," for Malt Beverage / Wine / Distilled Spirits
(Circle all that apply)
 and inside the boundaries of this jurisdiction

SIGN HERE: _____, Texas
City Secretary/Clerk

S E A L

CERTIFICATE OF COUNTY CLERK

Sections 11.37 & 61.37

Not later than the 30th day after the date a prospective applicant for a license or permit requests certification, the county clerk shall certify whether the location or address given in the request is in a wet area and whether the sale of alcoholic beverages for which the license or permit is sought is prohibited by order.

I hereby certify on this _____ day of _____, 20____, the location address is in a "**wet area**," for Malt Beverage / Wine / Distilled Spirits
(Circle all that apply)
 and inside the boundaries of this jurisdiction

SIGN HERE: _____ County
County Clerk

S E A L