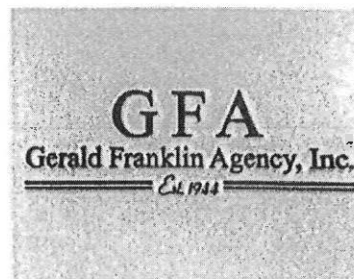


**GFA: Gerald Franklin Agency**  
2525 North Loop West, Suite 275  
Houston, Texas 77008  
713-868-0068 (Office)  
713-868-2211 (Fax)  
rwills@geraldfranklinagency.com



Thank you for choosing GFA as your application service provider. You can expect the very best in service and knowledge from our staff. With over 200 years of combined licensing experience, we have the expertise to get the job done.

**What you can anticipate:** Most permits/licenses are issued within 70 days of filing an application. The process can take up to 90 days if a 60-day sign is required to be posted.

Communication is key to getting your application prepared and filed as quickly as possible. GFA will communicate in an accurate and timely manner as we prepare and file your application.

Please be aware that our service consists of assisting you in the preparation and filing of your application. We do not have any control over the various governmental entities that must certify your application and/or issue your permits. Issues that may arise with these governmental entities can, and often do, slow down the permitting process.

After your permit has been issued, GFA will be here for you to assist in keeping your permits renewed and to answer any questions that you may have regarding the alcoholic beverage industry.

Attached is a worksheet and personal history sheet for your review. Please complete the worksheet as well as a personal history sheet. If you are applying as a corporation, partnership or LLC, then complete one personal history sheet for each officer, partner or member, as applicable.

Welcome aboard! We look forward to servicing our success.

A handwritten signature in black ink that reads 'Richard Wills'.

Richard (Dick) Wills, CEO



BBB Rating:  
A+  
as of 3/23/2010

[Click for Profile](#)

# GFA

GERALD FRANKLIN AGENCY, INC.  
2525 N Loop W, Ste 275, Houston, TX 77008  
PHONE: 713-868-0068 FAX: 713-868-2211



*Please complete this form and return by fax, mail or e-mail. Complete and accurate information will assist us in getting your license or permit as soon as possible.*

**\*\*NOTE\*\***

**IF YOU WILL BE APPLYING FOR AN ON-PREMISE PERMIT, A 60 DAY SIGN MUST BE POSTED AT THE PROPOSED LOCATION IF ALCOHOL HAS NOT BEEN SOLD FOR ON-PREMISE CONSUMPTION AT THE LOCATION WITHIN THE LAST TWO YEARS.**

1. What name will your place of business use (tradename)?

\_\_\_\_\_

2. What is the address of your business?

Street \_\_\_\_\_  
City \_\_\_\_\_  
County \_\_\_\_\_ Zip \_\_\_\_\_

3. Have alcoholic beverages been sold at this location for on-premise consumption within the last two years? Yes  No  If not, a 60 day sign will need to be obtained from TABC and posted at the location.

4. What is your mailing address (if different from above)?

Street \_\_\_\_\_  
City \_\_\_\_\_  
County \_\_\_\_\_ Zip \_\_\_\_\_

5. How can you be contacted?

Home \_\_\_\_\_ Location \_\_\_\_\_  
Mobile \_\_\_\_\_ E-Mail \_\_\_\_\_

6. Tell us what type of license or permit you need. Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Wine and Beer on Premise      | <input type="checkbox"/> Package Store Permit              |
| <input type="checkbox"/> Beer on Premise               | <input type="checkbox"/> Package Store Tasting             |
| <input type="checkbox"/> Wine/Beer Late Hours          | <input type="checkbox"/> Local Cartage Permit              |
| <input type="checkbox"/> Mixed Beverage                | <input type="checkbox"/> Wine Only Package Store           |
| <input type="checkbox"/> Mixed Beverage Late Hours     | <input type="checkbox"/> Wine and Beer off Premise         |
| <input type="checkbox"/> Mixed Beverage Caterer's      | <input type="checkbox"/> Beer off Premise                  |
| <input type="checkbox"/> Food and Beverage Certificate | <input type="checkbox"/> Private Club Registration Permit  |
| <input type="checkbox"/> Mini-Bar Permit               | <input type="checkbox"/> Private Club Beer and Wine Permit |
| <input type="checkbox"/> Beverage Cartage Permit       | <input type="checkbox"/> Private Club Late Hours           |
| <input type="checkbox"/> Sales Tax                     | <input type="checkbox"/> Food Stamps                       |
| <input type="checkbox"/> Lottery * Answer # 29-31      | <input type="checkbox"/> Tobacco                           |

7. If your business is not open at this time, when do you plan on opening?

\_\_\_\_\_

8. How did you hear about our service? \_\_\_\_\_

9. What type of entity will be applying for the permit?

Individual  Partnership  Limited Partnership  Corporation  L.L.C.

10. If individual owner/applicant please provide the following:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_ D.L.# \_\_\_\_\_

11. If corporation, LLC or LP please provide the following information:

Corporate/LLC/LP Name \_\_\_\_\_  
Federal ID Number \_\_\_\_\_ Charter # \_\_\_\_\_  
Date Approved \_\_\_\_\_ Shares/Units Authorized \_\_\_\_\_  
Full Names and Titles of Officers/Directors/Mangers/Partners/Gen Partners  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the applicant entity is a Limited Partnership with a corporation or LLC General Partner, please provide information about that entity:

Corporate/LLC Name \_\_\_\_\_  
Federal ID Number \_\_\_\_\_ Charter # \_\_\_\_\_  
Date Approved \_\_\_\_\_ Shares/Units Authorized \_\_\_\_\_  
Full Names and Titles of Officers/Directors/Mangers/Partners/Gen Partners  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the following information for stockholders/members/limited partners:

Name \_\_\_\_\_ Shares/Units/ % \_\_\_\_\_  
DL # \_\_\_\_\_ State \_\_\_\_\_ DOB \_\_\_\_\_ Social Sec# \_\_\_\_\_  
Residential Address (Street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Shares/Units/ % \_\_\_\_\_  
DL # \_\_\_\_\_ State \_\_\_\_\_ DOB \_\_\_\_\_ Social Sec# \_\_\_\_\_  
Residential Address (Street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Shares/Units/ % \_\_\_\_\_  
DL # \_\_\_\_\_ State \_\_\_\_\_ DOB \_\_\_\_\_ Social Sec# \_\_\_\_\_  
Residential Address (Street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

All officers of a corporation, managers or managing members of an LLC, sole proprietors or general partners of a limited partnership and 51% of the total ownership of the applicant entity must complete a personal history sheet (see attached). If you have not been a resident of Texas for at least one year prior to applying for your permit, you must provide a criminal history report from the each state or country where you have lived for the proceeding five years for yourself (and your spouse if applying for a beer or beer and wine permit). This report must be from the state or federal government authority. You may also obtain a criminal history report from the US Federal Bureau of Investigation. Please visit this website which will give you complete instructions <http://www.fbi.gov/about-us/cjis/background-checks>

12. Please complete the attached from L101-OP for owner of property/landlord. At least one Identifier must be shown (DL# Social Security# or Date of Birth)

13. Lease Information: Monthly Rent \_\_\_\_\_ Expires M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

14. Any renewal options? Yes  No  Explain \_\_\_\_\_

15. If you are operating under a concession management agreement please attach a copy of the document complete attached form L101-SL. Expiration date of agreement?  
Expires M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

16. What is the primary business at this location?

- |   |  |
|---|--|
| <input type="checkbox"/> Bar                          | <input type="checkbox"/> Convenience Store no gasoline |
| <input type="checkbox"/> Nightclub/Dance Hall         | <input type="checkbox"/> Liquor Store                  |
| <input type="checkbox"/> Restaurant                   | <input type="checkbox"/> Grocery Store                 |
| <input type="checkbox"/> Convenience Store w/gasoline | <input type="checkbox"/> Hotel                         |

17. Please provide Sales Tax Number if you have one \_\_\_\_\_

18. Are employees required to attend a seller/server training course? Yes  No

19. Is live music featured more than two times per week? Yes  No

20. Is this business within 300' of a school or day care (measured property line to property line)? Yes  No

21. Is this business within 300' of a private residence (measured property line to property line).  Yes  No

22. Is this business within 1000' of a school (measured property line to property line)?  
Yes  No  (Name of school if yes? \_\_\_\_\_)

23. Is this business within 300' of a church or hospital (measured from your front door to nearest door of church public may enter)? Yes  No

24. How much are you investing in this business and the source of the funds (explain)  
\_\_\_\_\_

\*\*\*WE MUST PROVIDE TABC WITH DOCUMENTATION FOR ALL INVESTMENTS\*\*\*

25. Please provide details of any loans from banks, financial institutions (amounts and terms). If you received a loan from another source (such as a relative) please provide a copy of the loan agreement. If you have borrowed money from an individual we will need their full name, date of birth, social security and driver's license numbers.
26. A \$5000 Conduct Surety Bond is required for any on-premise location. If the applicant or corporate officers have held a license or permit at this or another location for the past three years, you could be exempt from this requirement. Restaurants may also obtain a food and beverage certificate which exempts them from the bond requirement. If you qualify for one of these exemptions, please explain.

---

If you are applying for a Mixed Beverage Permit you will need to obtain a \$7,600 Mixed Beverage Gross Receipts Tax bond AFTER THE PERMIT IS ISSUED. This can be done with a certificate of deposit or with an actual bond. If you would like for us to assist you in obtaining the bond, we will provide an application on request.

27. In Dallas, Harris and Tarrant Counties, applicants for an on premise beer license or on premise beer and wine permit, must post a \$2,000 Performance Bond conditioned on the applicants conformance to the alcoholic beverage law. If you are applying for a Food & Beverage Certificate, then you are exempt from this requirement.

28. Projected annual sales for Food \$ \_\_\_\_\_ Alcohol \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

29. After your permit has been issued, please provide us with a copy of the state permit so that we can pay your city and/or county fees as applicable.

**PLEASE ANSWER BELOW IF APPLYING FOR LOTTO PERMIT**

30. What are your hours of business for each day of the week?

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ T \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ S \_\_\_\_\_

32. Does the current business have a lottery retail number? Please list \_\_\_\_\_.

33. Name, address, branch and telephone number of bank.
-



Every officer and majority owner must complete a Personal History Statement. 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.

OWNER/APPLICANT

1. Trade Name (Name of restaurant, bar, etc.)
2. Location Address:
3. Marital Status: Single Married Divorced Widowed
4. Full Legal Name (Last, First, Middle)
Social Security Number Issuing State/ Driver's License Number Date of Birth (mm/dd/yyyy)
Place of Birth (City, State, Country)
Email Address

SPOUSE

5. Full Legal Name (Last, First, Middle)
Social Security Number Issuing State/ Driver License Number Date of Birth (mm/dd/yyyy)
Place of Birth (City, State, Country)

OTHER RESIDENT

6. Do you live with anyone over the age of 18, other than your spouse? YES NO
If YES please provide their information below: (If additional space is needed, please attach a page with information.)
Full legal name (Last, First, Middle)
Social Security Number Issuing State/ Driver License No. Date of Birth (mm/dd/yyyy) Relationship

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 FBI or state police of any state where you lived in the previous five years. (If additional space is needed, please attach a list with the following information.)

Table with 4 columns: Number and Street, City, State, ZIP, From (mm/yyyy), To (mm/yyyy). Includes row for 'PRESENT' and question 8 about phone numbers.

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 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 YES NO SPOUSE (BE/BG ONLY) YES NO OTHER YES 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. If self-employed or retired, include the name of your company or company from which you retired, type of business owned or the position held prior to retirement. Include periods of unemployment. All periods of time must be accounted for during the past five years. (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)
				<b>PRESENT</b>

## 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.)
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	<b>TOTAL AMOUNT OF PERSONAL INVESTMENT \$</b>

## SIGN AND NOTARIZE APPLICATION

**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."

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



**TEXAS ALCOHOLIC  
BEVERAGE COMMISSION**

*Texas Helping Businesses & Protecting Communities*

**OWNER OF PROPERTY**

L-OP  
(3/2021)

Trade Name or Permit Number \_\_\_\_\_

**OWNER OF PROPERTY INFORMATION**

1. 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.**

**INDIVIDUAL OWNER**

2. Full Legal Name (Last, First, Middle):

Date of Birth (mm/dd/yyyy)

SSN:

**BUSINESS ENTITY OWNER**

3. Name of Business Entity

Federal Employer Identification Number (FEIN) for Owner of Property

Full Legal Name of Partner, Officer (Last, First, Middle)

Date of Birth (mm/dd/yyyy)

Title

Full Legal Name of Partner, Officer (Last, First, Middle)

Date of Birth (mm/dd/yyyy)

Title

Full Legal Name of Partner, Officer (Last, First, Middle)

Date of Birth (mm/dd/yyyy)

Title

Full Legal Name of Partner, Officer (Last, First, Middle)

Date of Birth (mm/dd/yyyy)

Title

Full Legal Name of Partner, Officer (Last, First, Middle)

Date of Birth (mm/dd/yyyy)

Title

**IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE**