

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts.

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Outlet # _____

****Please Note: For ONLY Drug, Device, and/or Certificate of Authority Applications:**

* Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor? Yes No
(If yes, please attach a statement explaining the conviction.)

* Please include a copy of Driver's License with application.

* Applicants are required to fill in residence address, driver's license number, and date of birth below.

SOLE OWNER / PROPRIETORSHIP

Name of Sole Owner: _____
Residence Address DLN DOB

Partnership LP LLP LTD Effective Date of Partnership _____

Name of Partnership: _____

Partnership Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

* Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:

Partner Name: _____
Residence Address DLN DOB

Partner Name: _____
Residence Address DLN DOB

Partner Name: _____
Residence Address DLN DOB

Association **State Agency**

Name of Association / State Agency: _____

Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

* Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:

Name: _____
Residence Address DLN DOB

Name: _____
Residence Address DLN DOB

Corporation **LLC**

Date and Place of Incorporation: _____

Corporation Name: _____

Corporation Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

*Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:

President Name: _____
Residence Address DLN DOB

Officer's Name: _____
Residence Address DLN DOB

Officer's Name: _____
Residence Address DLN DOB

Name of Registered Agent: _____
Residence Address DLN DOB