

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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Complete ONLY one section below that relates to the type of ownership of your business.

Sole Owner / Proprietorship

Name of Sole Owner: _____
Residence Address Drivers License Number

Partnership **LP** **LLP** **LTD**

Name of Partnership: _____

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

Partner Name: _____
Residence Address Drivers License Number

Partner Name: _____
Residence Address Drivers License Number

Partner Name: _____
Residence Address Drivers License Number

Partner Name: _____
Residence Address Drivers License Number

Association **State Agency**

Name of Association / State Agency: _____

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

Name: _____
Residence Address Drivers License Number

Name: _____
Residence Address Drivers License Number

Corporation **LLC**

Corporation Name: _____
Date and Place of Incorporation

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

President Name: _____
Residence Address Drivers License Number

Officer's Name: _____
Residence Address Drivers License Number

Officer's Name: _____
Residence Address Drivers License Number

Officer's Name: _____
Residence Address Drivers License Number

Name of Registered Agent: _____
Residence Address Drivers License Number

Name of Registered Agent: _____
Residence Address Drivers License Number