

# Texas Alcoholic Beverage Commission Protest Form

## Protest Guidelines:

- Use this form to object to TABC issuing or renewing a permit to sell alcoholic beverages.
- **Complete all required sections** on the Protest Form and submit for filing with your closest TABC Office.
- Attach any supporting documentation if available.
- For more information about Protests or to locate the nearest TABC Office visit: [http://www.tabc.state.tx.us/contact\\_us/local\\_field\\_office.asp](http://www.tabc.state.tx.us/contact_us/local_field_office.asp)

If you file a protest, you cannot remain anonymous. The Commission will only disclose your identity and contact information as required by law.

## Required: Protestant Contact Information:

Protest is being filed by:  Individual  Group Date: \_\_\_\_\_  
Individual Name or Group Name: \_\_\_\_\_  
Name of Point of Contact for Group: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: Day: ( ) - Evening: ( ) - Other: ( ) -  
Email Address: \_\_\_\_\_

## Required: Applicant / Current Business:

Name of Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: ( ) - Other: ( ) -  
Name of Business Owner(s), if known: \_\_\_\_\_

## Required: Grounds for Protest: (Select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Traffic                 | <input type="checkbox"/> City/County Ordinance – type _____    |
| <input type="checkbox"/> Noise – type _____      | <input type="checkbox"/> False Ownership                       |
| <input type="checkbox"/> Criminal Activity _____ | <input type="checkbox"/> Illegal sales of alcohol – type _____ |
| <input type="checkbox"/> Other - Type _____      | <input type="checkbox"/> Nuisance                              |

Explain each selection (above) for legal ground for protest. Be as specific as possible and attach additional page if necessary.

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Have you attempted to resolve the problem with the business owner? If yes, please explain:  Yes  No

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Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Form LEG\_01 (01/07/09)