



Texas Sexually Oriented Business Fee Questionnaire

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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

General Information

Who Must Submit This Questionnaire - You must submit this questionnaire if you are a sole owner, partnership, corporation, limited liability company, association or other legal entity that provides live nude entertainment or live nude performances for an audience of two or more individuals and authorizes on-premises consumption of alcoholic beverages, regardless of whether the consumption of alcoholic beverages is under a license or permit issued under the Alcoholic Beverage Code.

Definitions -

“Nude” means:

- (a) entirely unclothed; or
- (b) clothed in a manner that leaves uncovered or visible through less than fully opaque clothing any portion of the breasts below the top of the areola of the breasts, if the person is female, or any portion of the genitals or buttocks.

“Sexually oriented business” means a nightclub, bar, restaurant or similar commercial enterprise that:

- (a) provides for an audience of two or more individuals live nude entertainment or live nude performances; and
- (b) authorizes on-premises consumption of alcoholic beverages, regardless of whether the consumption of alcoholic beverages is under a license or permit issued under the Alcoholic Beverage Code.

These definitions may differ from local ordinances.

For Assistance - If you have any questions about this questionnaire, filing fee returns or any other fee-related matter, you can contact the Texas State Comptroller’s field office in your area or call 1-800-252-5555 or 512-463-4600. Receive tax help online at comptroller.texas.gov/taxes/.

General Instructions -

- Write only in white areas.
- Complete this questionnaire and mail to Comptroller of Public Accounts
111 E. 17th St.
Austin, TX 78774-0100

Federal Privacy Act - Disclosure of your social security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law. 42 U.S.C. §405(c)(2)(C)(i); Tex. Govt. Code §§403.011 and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

You have certain rights under Ch. 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed on this form.

Legal name of owner (Same as Item 1 OR Item 5)	
<input style="width: 100%; height: 20px;" type="text"/>	
SIGNATURES	<p>18. The sole owner, all general partners, corporation president, vice-president, secretary or treasurer, managing director or an authorized representative must sign this questionnaire. The authorized representative must submit a written power of attorney with questionnaire. (Attach additional sheets, if necessary.)</p> <p>I (We) declare that the information in this document and any attachments is true and correct to the best of my (our) knowledge and belief.</p>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Type or print name and title of sole owner, partner or officer</p> <input style="width: 90%; height: 20px;" type="text"/> </div> <div style="width: 45%; text-align: right;"> <p>Date of signature(s) Month Day Year</p> <input style="width: 100%; height: 20px;" type="text"/> </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Type or print name and title of partner or officer</p> <input style="width: 90%; height: 20px;" type="text"/> </div> <div style="width: 45%; text-align: right;"> <p>Sole owner, partner or officer</p> <p>sign here ▶ <input style="width: 90%; height: 20px;" type="text"/></p> </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Type or print name and title of partner or officer</p> <input style="width: 90%; height: 20px;" type="text"/> </div> <div style="width: 45%; text-align: right;"> <p>Partner or officer</p> <p>sign here ▶ <input style="width: 90%; height: 20px;" type="text"/></p> </div> </div>
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Texas Sexually Oriented Business Fee Questionnaire

Do not write in shaded areas.

Type or print.

SOLE OWNER IDENTIFICATION

1. Name of sole owner (First, middle initial and last name) _____

2. Social security number (SSN) _____ Check here if you DO NOT have a SSN.

3. Taxpayer number for reporting any Texas tax OR Texas identification number if you now have or have ever had one. _____

NON-SOLE OWNER IDENTIFICATION --- All sole owners skip to Item 9. ---

4. Business organization type

<input type="checkbox"/> Profit Corporation (CT, CF)	<input type="checkbox"/> General Partnership (PB, PI)	<input type="checkbox"/> Business Trust (TF)
<input type="checkbox"/> Nonprofit Corporation (CN, CM)	<input type="checkbox"/> Professional Association (AP, AF)	<input type="checkbox"/> Trust (TR) <small>Please submit a copy of the trust agreement with this questionnaire.</small>
<input type="checkbox"/> Limited Liability Company (CL, CI)	<input type="checkbox"/> Business Association (AB, AC)	<input type="checkbox"/> Real Estate Investment Trust (TH, TI)
<input type="checkbox"/> Limited Partnership (PL, PF)	<input type="checkbox"/> Joint Venture (PV, PW)	<input type="checkbox"/> Joint Stock Company (ST, SF)
<input type="checkbox"/> Professional Corporation (CP, CU)	<input type="checkbox"/> Holding Company (HF)	<input type="checkbox"/> Estate (ES)
<input type="checkbox"/> Other legal entity (explain) _____		

5. Legal name of partnership, company, corporation, association, trust or other entity _____

6. Taxpayer number for reporting any Texas tax OR Texas identification number if you now have or have ever had one. _____

7. Federal employer identification number (FEIN) assigned by the Internal Revenue Service 1 _____ - _____

8. Check here if you do not have a FEIN. 3 _____

MAILING INFORMATION

9. Mailing address
Street number, P.O. Box or rural route and box number _____
City _____ State/province _____ ZIP code _____ County (or country, if outside the U.S.) _____

10. Name of person to contact regarding day to day business operations _____ Daytime phone _____ - _____

TAXPAYER INFORMATION

If you are a SOLE OWNER, skip to Item 16.

11. If the business is a Texas profit corporation, nonprofit corporation, professional corporation, limited liability company or any other legal entity, enter the file number and date. File number _____ Month _____ Day _____ Year _____

12. If the business is a non-Texas profit corporation, nonprofit corporation, professional corporation, limited liability company or any other legal entity, enter the state or country of incorporation, file number and date, Texas Certificate of Authority number and date.
State/country of inc. _____ File number _____ Month _____ Day _____ Year _____ Texas Certificate of Authority number _____ Month _____ Day _____ Year _____

13. If the business is a corporation, has it been involved in a merger within the last seven years? YES NO (If "YES," attach a detailed explanation.)

14. If the business is a limited partnership or registered limited liability partnership, enter the home state and registered identification number. State _____ Number _____

15. General partners, principal members/officers, managing directors or managers (ALL GENERAL PARTNERS MUST BE LISTED - Attach additional sheets, if necessary.)

Name _____	Title _____	Phone (Area code and number) _____ - _____ - _____
Home address _____	City _____	State _____ ZIP code _____
SSN or FEIN _____	Date of birth Month _____ Day _____ Year _____	Percent of ownership _____ %
Position held <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Corporate Stockholder <input type="checkbox"/> Record keeper	Driver license number _____	State _____ County (or country, if outside the U.S.) _____

Name _____	Title _____	Phone (Area code and number) _____ - _____ - _____
Home address _____	City _____	State _____ ZIP code _____
SSN or FEIN _____	Date of birth Month _____ Day _____ Year _____	Percent of ownership _____ %
Position held <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Corporate Stockholder <input type="checkbox"/> Record keeper	Driver license number _____	State _____ County (or country, if outside the U.S.) _____

BUSINESS LOCATION INFORMATION

16. Business location name and address (Attach additional sheets for each additional location.)
Business location name _____
Street and number (Do not use P.O. Box or rural route) _____ City _____ State _____ ZIP code _____ County _____
Month _____ Day _____ Year _____

17. Enter date of first business operation in the above location that is subject to the Texas Sexually Oriented Business Fee. Month _____ Day _____ Year _____