

TEXAS ALCOHOLIC BEVERAGE COMMISSION APPLICATION FOR BOND EXEMPTION

Trade Name			CLP Number:			
Business Address:		City:		Zip Code:		
Mailing Address:		City:	2	Zip Code:		
OTHER PERMIT OR LICE	NSE CURREN	TLY EXEMPT	FROM BOND	REQUIREMENTS		
radeName: License/Pe			cense/Permit	NO.:		
Signature and Title of Owner or Off	icer			Date		
DO NO	OT WRITE IN T	HIS SPACE -	TABC USE O	NLY		
Excise Tax Manager	Date	 Director	of Tax	Date		
Approved		Арр	roved \square			
Disapproved		Disapp	roved \square			

- Prepare the original and two copies of this form.
 Mail the original and one copy to Texas Alcoholic Beverage Commission P O Box 13127 Austin TX 78711-3127
- 3. Retain third copy for your files.