



TEXAS ALCOHOLIC BEVERAGE COMMISSION APPLICATION FOR BOND EXEMPTION

TradeName: _____ CLP Number: _____

Business Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

OTHER PERMIT OR LICENSE CURRENTLY EXEMPT FROM BOND REQUIREMENTS

TradeName: _____ License/Permit NO.: _____

Signature and Title of Owner or Officer Date

DO NOT WRITE IN THIS SPACE – TABC USE ONLY

Excise Tax Manager Date
Approved
Disapproved

Director of Tax Date
Approved
Disapproved

1. Prepare the original and two copies of this form.
2. 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.