



TEXAS ALCOHOLIC BEVERAGE COMMISSION
Texas Helping Businesses & Protecting Communities

**TEXAS ALCOHOLIC BEVERAGE COMMISSION
APPLICATION FOR BOND EXEMPTION**

Trade Name _____ 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

Director of Tax

Date

Approved

Disapproved

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.