



Irrevocable Letter of Credit No. (1)

Obligation of this security is for compliance with the Alcoholic Beverage Code and Rules of the Texas Alcoholic Beverage Commission. Title 3, Subtitle A, Chapter 11, Subchapter A, Sec. 11.11 and Subtitle B, Chapter 61, Subchapter A, Sec. 61.13 of the Alcoholic Beverage Code 1995, As Amended.

We hereby establish our irrevocable letter of credit in favor of the State of Texas for the account of (2) \_\_\_\_\_ doing business as (3) \_\_\_\_\_ located (4) \_\_\_\_\_, (5) \_\_\_\_\_, Texas, under (6) \_\_\_\_\_ license/permit (7) \_\_\_\_\_

This letter of credit is effective up to the aggregate amount of (8) \_\_\_\_\_

This letter of credit shall remain in effect until the (9) \_\_\_\_\_ is released or discharged by the Texas Alcoholic Beverage Commission or until the expiration date of (10) \_\_\_\_\_.

This is your authority to draw drafts for the full amount of (8) \_\_\_\_\_. The condition of the obligation of this letter of credit is such that the permittee or licensee shall faithfully conform with the Texas Alcoholic Beverage Code and rules of the commission. If the holder of this permit or license violates a law of the state relating to alcoholic beverages or a rule of the commission, the amount of the letter of credit shall be paid to the state.

All drafts are to be marked "Drawn under Letter of Credit No. (1) \_\_\_\_\_."

**FOR BANK**

|   |                       |       |
|---|-----------------------|-------|
| <b>SIGN HERE</b> _____<br>(Signature of Bank Officer) | Name of Bank          | _____ |
|   | Address               | _____ |
|   | City, State, Zip      | _____ |
|   | Area Code + Phone No. | _____ |

Before me, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_ the bank officer whose name is subscribed to the foregoing instrument personally appeared, and acknowledged to me that he or she executed the same as the act and deed of the above referenced bank, for the purposes and considerations therein expressed and in the capacity therein stated.

**S E A L**                      **SIGN HERE:** \_\_\_\_\_  
 (Notary Public in and for the State of Texas)

**FOR APPLICANT**

**SIGN HERE** \_\_\_\_\_  
 (Signature of Applicant)

Before me, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_ the applicant whose name is subscribed to the foregoing instrument personally appeared, and acknowledged to me that he or she executed the same for the purposes and considerations therein expressed.

**S E A L**                      **SIGN HERE:** \_\_\_\_\_  
 (Notary Public in and for the State of Texas)

**INSTRUCTIONS**

- |   |   |
|---|---|
| (1) Irrevocable Letter of Credit number   | (6) Type of Permit- (Mixed Beverage Permit, All Types of Private Club Permits, Package Store Permit, Wine Only Package Store Permit, Wine and Malt Beverage Retailer's Permit, Retail Dealer's On-Premise License, Wine & Malt Beverage Retailer's Off-Premise Permit, Passenger Train Beverage Permit, Excursion Boat Permit |
| (2) Name of Applicant:  | (7) License/Permit Number, if issued  |
| <b>IF:</b> Corporation ----- Corporate name <b>must</b> be shown  | (8) Amount (\$5,000/\$10,000)   |
| Partnership ----- All partners' names <b>must</b> be shown  | (9) Name of Bank  |
| Limited Partnership - Name of limited partnership and general partner <b>must</b> be shown                          | (10) Expiration Date (Must be 42 months from date of issue)   |
| Private Club ----- Name of the club <b>must</b> be shown--(If Corporation-Corporate name)                           |   |
| Proprietorship ----- Name of individual <b>must</b> be shown  |   |
| Limited Liability Partnership -- Name of limited liability partnership and all partner's names <b>must</b> be shown |   |
| Limited Liability Company ----- Name of limited liability company <b>must</b> be shown                              |   |
| (3) Trade Name of Business  |   |
| (4) Actual Business Address (Not Mail Address)  |   |
| (5) City of Business Location   |   |

**THIS FORM WILL NOT BE ACCEPTED WITH ANY WHITEOUTS OR ALTERATIONS.  
 NOTARIZED AMENDMENTS FROM BANK WILL BE ACCEPTED TO CORRECT ERRORS NOTED BY THE COMMISSION.**

|                      |   |
|----------------------|---|
| <b>TABC USE ONLY</b> | Date/Signature of Personnel Verifying Bank Information: _____ |
|                      | Name of Bank Personnel Contacted: _____                       |