

REQUEST FOR APPROVAL OF MACHINE BOOKKEEPING SYSTEM



Alcoholic Beverage Commission

TRADE NAME X CLP NUMBER X
 STREET ADDRESS X CITY X ZIP X
 MAIL ADDRESS X CITY _____ ZIP _____

Approval is requested for the use of a machine bookkeeping system. A detailed explanation of the system is attached. The person listed below as Applicant may be contacted to review the proposed system or answer any questions concerning the system.

NAME _____ PHONE NUMBER _____
 STREET ADDRESS _____ CITY _____ ZIP _____
 MAIL ADDRESS _____ CITY _____ ZIP _____

List below all permits or licenses currently approved to utilize this system or who have filed a request for approval to utilize this system:

TRADE NAME	CITY	PERMIT NUMBER

Attach a supplemental list if additional space is needed

X
 Applicant Signature and Title
officer on license

This authorization is granted under the conditions of Section 5.51 of the Texas Alcoholic Beverage Code. If this statute or the listed conditions, instructions, or other requirements of this Commission are not complied with, this authorization may be revoked.

Approved: _____
Administrator

By: _____ Date: _____

Title: _____
TEXAS ALCOHOLIC BEVERAGE COMMISSION