

# REQUEST FOR PAYMENT AGREEMENT



TEXAS ALCOHOLIC  
BEVERAGE COMMISSION  
*Texas Helping Businesses & Protecting Communities*

To: Regional Audit Manager From: \_\_\_\_\_

Tradename: \_\_\_\_\_

Permit / License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Personal Guarantors(s): 1. \_\_\_\_\_

Name of Individual / Institution

Address

City/State/Zip Code

2. \_\_\_\_\_

Name of Individual / Institution

Address

City/State/Zip Code

Audit No. \_\_\_\_\_ of the above described permit, covering the period from \_\_\_\_\_

to \_\_\_\_\_ established delinquent fees / taxes in the total amount of \_\_\_\_\_

Of this amount, \_\_\_\_\_ has been paid leaving a balance of \_\_\_\_\_

We have applied to at least two different lending institutions located in the State of Texas for a loan to pay the balance. Each has rejected our application. Therefore, we are filing this "Request for Payment Agreement" for the Commission's consideration. We understand this is only a request and that the Commission may accept or reject the request in part or in its entirety.

Attached for your consideration are:

1. Form C-717 Overview to Request for Payment Agreement.
2. Notarized copies of the loan application presented to:  
 Name of Financial Institution \_\_\_\_\_  
 Name of Financial Institution \_\_\_\_\_
3. Loan refusal letters from said institutions
4. Payment Agreement

Permit Officer Title

Date

Permit Officer Title

Date

Name of Individual

Name of Individual

Signature

Date

Signature

Date