CALIFORNIA STATE BOARD OF EQUALIZATION

ALCOHOLIC BEVERAGE TAX BOND

EXECUTED PURSUANT TO DEMAND FOR SECURITY

UNDER THE CALIFORNIA ALCOHOLIC BEVERAGE TAX LAW

(Revenue and Taxation Code Sections 32102 and 32312)

V			BOND NO			
Know all persons by these pre	esents:					
That we,	(DDINICIDAL	Enter owner name	only - do not enter dba)			
	(17111011712		only - do not enter aba)			
whose address for service is		(street addres	s, city, state and zip code)			
as PRINCIPAL, and			s, only, onto the Exp occoy			
a corporation organized under the laws of			and an admitted surety insurer authorized to transact			
a general surety business in the State of Califo	ornia, as SURETY, and	whose address for	or service is			
•			(street address)			
			are held and firmly bound to the People of the State of California, as			
(city, state and zi						
OBLIGEE, in the penal sum of			Dollars (\$)			
to be paid to the OBLIGEE, for which payn	nent we bind ourselve	s, our heirs, exec	eutors, administrators, successors and assigns, jointly and severally,			
firmly by these presents.						
WHEREAS, the above-bounder Prin for the payment of excise taxes, under the pro-			or the issuance of, one or more licenses, making the Principal liable aw; and			
			of Equalization for security, as authorized by Revenue and Taxation executed and tendered in accordance therewith.			
NOW, THEREFORE, if the above-be void, otherwise it is to remain in full force		pay all amounts	due under the Alcoholic Beverage Tax Law, then this obligation is to			
PROVIDED, HOWEVER, this bond						
and Taxation Code and of Chapter 2 (comm	encing with Section 99 reof, including, withou	95.010) of Title it limitation, the	14 (commencing with Section 32001) of Division 2 of the Revenue 4 of Part 2 of the Code of Civil Procedure, and said bond shall be payment of all taxes, penalties and other obligations of the Principal			
2. This bond shall be deemed continument which the license is granted, and each and	uous in form and shall every succeeding re	remain in full for newal period or	rce and effect and shall run concurrently with the license period for periods, after which liability hereunder shall cease except as to			
4. This bond may be withdrawn by t notice of the withdrawal is given to the State	ty hereunder on all clai he Surety in accordance Board of Equalization, received on or before	ms whatsoever sl ce with the provi . The withdrawal e the 1 5th day	hall not exceed the penal sum of this bond in any event. Sions of Section 32104 of the Revenue and Taxation Code if written shall be effective on the first day of the calendar month after receipt of the month; otherwise the withdrawal shall be effective on the			
5. This bond to become effective	ecipi of the notice by the	ne Board.	The premium on this bond is			
		_				
\$	for	the term				
Name of Surety			Address			
I certify (or declare) under penalty of perjury t	hat I have executed the	e foregoing bond	under an unrevoked power of Attorney.			
Executed in		2 2	On			
	(city and state)		(date)			
under the laws of the State of California.						
(Signature of Principal)	(title) (date)	(Signature of Attorney-in-fact for Surety)			
Executed at (city and state)			(Printed or typed name of Attorney -in -fact for Surety)			

Surety Bond Application

AGENCY NAME:	AGENCY CONTACT:							
			_AGENCY EMAIL:					
AGENCY ADDRESS:	City:	State:		Zip:				
CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT?								
NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND?								
SECTION I: BOND APPLIED FOR								
Type of Bond:Effective Date:Expiration Date:								
Type of Company CORP LLC DBA PARTNERSHIP Bond Amount:								
(Obligee):								
Obligee Address								
SECTION II: GENERAL INFORMATION								
Applicant's Name:Spouse Name:								
SS#:Spouse S	S#:	Ho	me Phone: ()					
Residence Address:	City:	St	ate:	Zip:				
Business Name:								
Business Phone: ()	Business Fax: ()	E-mail:					
Business Address:	City:	St	ate:	Zip:				
Date Business BEGAN under present Individual or Firm Name: BUSINESS TAX ID:								
HAS ANY COMPANY REFUSED TO ISSUE BONDS DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS								
FOR ANY PURPOSE? YES NO AGAINST YOU? YES NO AGAINST YOU?								
HAS APPLICANT EVER FAILED IN BUSINESS? YES ☐ NO☐ HAS APPLICANT EVER FILED BANKRUPTCY? YES ☐ NO☐ IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER								
SECTION III: ADDITIONAL OWNERS OR PARTNERS AS REQUIRED								
NAME:	SPOUSE N	NAME:	•					
SS#:	SPOUSE S	SS#:	PHON	E:				
HOME ADDRESS:	City:		state:					
PERSONAL FINANCIALS <u>(IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)</u> STATEMENT OF ASSETS AND LIABILITIES AS OF								
ASSETS CASH IN DANK		NOTES PAYABLE TO	LIABILITIES	<u> </u>				
CASH IN BANK CASH ON HAND		NOTES TO OTHERS						
STOCKS AND BONDS		ACCOUNTS PAYABI						
ACCOUNTS RECEIVABLE		FEDERAL & STATE						
NOTES RECEIVABLE		ALL OTHER TAXES						
INVENTORY		ACCRUALS, PAYRO	LLS, ETC.					
CASH VALUE LIFE INSURANCE EQUIPMENT	DUE ON EQUIPMENT							
REAL ESTATE		DUE ON REAL ESTA						
OTHER ASSETS		OTHER LIABILITIES	(T_					
		CAPITAL STOCK (if a	a corporation)					
		SURPLUS AND UNDIVIDED PROFITS						
TOTAL ASSETS		TOTAL LIABILITIES						
Name of Owners	Name and 1	NET WORTH itle of Officers % OWNERSHIP IN COMPANY						
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COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR WORLDWIDE INSURANCE SPECIALISTS INC. TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE NO PREMIUM FINANCING WILL BE ACCEPTED AS PREMIUM IS EARNED IN FULL.

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