



Cigarette License Surety Bond

Principal Name(s) (attach additional sheet(s) if necessary)	
Doing business under the name	Principal place of business
<p>We, as principal(s), and _____, as surety, a corporation incorporated under the laws of the State of _____ and authorized to do business in the State of Colorado, execute this bond and are held and firmly bound unto the State of Colorado, Department of Revenue, in the sum of \$ _____, the payment of which we bind ourselves, our executors, administrators, heirs, assigns, and successors, jointly and severally, firmly by this bond. The total bond must be equal to the wholesaler's anticipated total monthly purchase of stamps pursuant to section 39-28-104. A wholesaler may file a replacement surety bond if the wholesaler's anticipated total monthly purchase of stamps changes after the wholesaler has been issued a cigarette tax license.</p> <p>The condition of this obligation is such that:</p> <p>Whereas, the principal has made application to the Executive Director of Revenue of the State of Colorado for a license to act as a wholesaler of cigarettes in the State of Colorado;</p> <p>Now, therefore if the principal shall pay all taxes, penalties, and interest due or to become due under the law of Colorado relating to cigarettes, and particularly under C.R.S. 39-28-101, et. seq.</p> <p>Notice from the obligee to the surety of default of any obligation herein upon the principal is expressly waived by the surety.</p> <p>This obligation shall be a continuing obligation until and unless sixty (60) days' written notice of termination shall be given to the Executive Director of Revenue or his or her successor.</p> <p>Provided further, that any action upon this obligation may be instituted upon the behalf of the People of the State of Colorado by the then Executive Director of Revenue or by his or her successor, and by service upon the surety. The surety hereby waives any objection it may now or hereafter have concerning the capacity of the Executive Director of Revenue or his successor to bring suit upon this obligation or to any rights said surety may have to require service upon the principal.</p> <p>In witness whereof, the principal(s) and the surety have hereunto set their hands and seals this _____ day of _____, 20____.</p>	
(Corporate Seal of Principal)	Principal
	Authorized Agent
	Attest: Secretary
	Attest: Surety

Instructions



If the Principal on the Bond is a **corporation**, the bond must be signed for the **corporation** by its President or Vice-President, and the seal of the Corporation should be attached by the Secretary and attested by his signature. Names and addresses of present officers should be shown below:

If the Principal on the Bond is a **partnership**, the names of the partners should be shown on the lines indicated on the bond, and the name and address of each partner should be shown on the following lines:

Power of Attorney Must Accompany This Bond

Surety Bond Application

AGENCY NAME: _____ AGENCY CONTACT: _____
AGENCY PHONE: _____ AGENCY FAX: _____ 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 SS#: _____ Home Phone: () _____
Residence Address: _____ City: _____ State: _____ Zip: _____
Business Name: _____
Business Phone: () _____ Business Fax: () _____ E-mail: _____
Business Address: _____ City: _____ State: _____ Zip: _____
Date Business BEGAN under present Individual or Firm Name: _____ BUSINESS TAX ID: _____
HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES ☐ NO ☐
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 NAME: _____
SS#: _____ SPOUSE SS#: _____ PHONE: _____
HOME ADDRESS: _____ City: _____ State: _____ Zip: _____

PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)

STATEMENT OF ASSETS AND LIABILITIES AS OF

ASSETS		LIABILITIES	
CASH IN BANK		NOTES PAYABLE TO BANKS	
CASH ON HAND		NOTES TO OTHERS (excl. of equipment)	
STOCKS AND BONDS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE	
NOTES RECEIVABLE		ALL OTHER TAXES	
INVENTORY		ACCRUALS, PAYROLLS, ETC.	
CASH VALUE LIFE INSURANCE			
EQUIPMENT		DUE ON EQUIPMENT	
REAL ESTATE		DUE ON REAL ESTATE	
OTHER ASSETS		OTHER LIABILITIES	
		CAPITAL STOCK (if a corporation)	
		SURPLUS AND UNDIVIDED PROFITS	
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	
Name of Owners		Name and Title of Officers	% OWNERSHIP IN COMPANY

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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