



TD-MMJ 100 (6/2011)  
 TREASURY DIVISON  
 201 WEST COLFAX AVE., MC 405  
 Dept. 1009  
 DENVER, COLORADO 80202

# CITY AND COUNTY OF DENVER MEDICAL MARIJUANA LICENSE BOND

Name of Bonding Company \_\_\_\_\_  
 Bond Number \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS:

That we, \_\_\_\_\_, City and County of Denver Sales Tax Account Number \_\_\_\_\_  
 Street Address \_\_\_\_\_,  
 City \_\_\_\_\_, County of \_\_\_\_\_, State of Colorado, as Principal,  
 and \_\_\_\_\_, a surety company qualified and authorized to do surety business in the State of  
 Colorado, as Surety, are held and firmly bound unto the City and County of Denver to indemnify the City and County of Denver for any loss suffered by reason of  
 violation of the conditions hereinafter contained in the penal sum of FIVE THOUSAND DOLLARS (\$5,000.00), lawful money of the United States for the payment of  
 which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly, severally, and firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH that the Principal is applying for the issuance or renewal of a license pursuant to the Denver Medical Marijuana  
 Code, § 24-501 et. seq. of the Denver Revised Municipal Code ("DRMC"), which license or renewal shall be valid, if not suspended or revoked, for a license period  
 ending two years from date of issuance of the license or renewal.

NOW, THEREFORE, if the Principal is granted a license by the City and County of Denver pursuant to the Denver Medical Marijuana Code, during the term of said  
 license and any renewal thereof, the Principal shall report and pay all sales and use taxes due the City and County of Denver, in a timely manner as provided by law.

IT IS FURTHER PROVIDED that the aggregate liability of the Surety for all breaches of the condition of this bond, regardless of the number of years this bond shall  
 continue in force, the number of claims made against this bond, and the number of premiums which shall be payable or paid shall not exceed the amount of the bond.

IT IS FURTHER PROVIDED that pursuant to DRMC § 24-508, the Surety shall not be required to make payments to the City and County of Denver under this bond  
 until a final determination of failure to pay taxes due to the City has been made by the Manager of Finance of the City and County of Denver or a court of competent  
 jurisdiction.

IT IS FURTHER PROVIDED that the Surety shall have the right to cancel this bond for any reason authorized by statute by filing forty-five (45) days' written notice of  
 such cancellation with the Principal and with the Licensing Authority of the City and County of Denver. If cancellation is based upon nonpayment of premium, this  
 bond may be cancelled by the Surety upon ten (10) days' written notice to the Principal and the Licensing Authority of the City and County of Denver.

THIS OBLIGATION may be continued from year to year by the issuance by the Surety of a proper continuation certificate delivered to the Licensing Authority of the  
 City and County of Denver pursuant to DRMC § 24-508.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

For the Principal: \_\_\_\_\_ For the Surety: \_\_\_\_\_

## ACKNOWLEDGEMENT OF SURETY

STATE OF COLORADO

COUNTY OF \_\_\_\_\_/SS.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a notary public in and for the above State, personally appeared  
 \_\_\_\_\_, and being by me duly sworn, did say that he or she is an authorized officer or Attorney-in-Fact of  
 \_\_\_\_\_, a corporation or other business entity duly organized and existing under the laws of the State of Colorado, or authorized to do  
 business therein, and that he or she as such officer executed the foregoing instrument for the purposes herein contained on behalf of said corporation or business  
 entity, and further acknowledged that the instrument was executed as the free act and deed of said corporation or business entity.

IN WITNESS WHEREOF, I hereunto set my name and affixed my official seal on the day and year written above.

(SEAL)

\_\_\_\_\_  
 Notary Public, State of Colorado  
 My commission expires: \_\_\_\_\_

# 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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>		<b>Name and Title of Officers</b>	
		<b>% OWNERSHIP IN COMPANY</b>	

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.

**Worldwide Insurance Specialists, Inc**  
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