ATT-20 (REV. 4/98)

CIGAR AND CIGARETTE DISTRIBUTORS LICENSE
PERFORMANCE AND TAX LIABILITY BOND

GEORGIA DEPARTMENT OF REVENUE
ALCOHOL AND TOBACCO DIVISION
PO BOX 38368
ATLANTA GA 30334

STATE OF GEORGIA

BOND NO._____

COUNTY OF_____

LICENSE YEAR_____

KNOW ALL MEN BY THESE PRESENTS, That we, _____
(NAME OF LICENSEE AS SHOWN ON APPLICATION)

and_____
(NAME OF CORPORATION OR PARTNER(S) AND D/B/A)

and _____
(NAME OF SURETY COMPANY EXECUTING BOND)

a surety company incorporated and existing under the laws of the State of _____, and licensed and authorized to execute bonds and undertakings as a surety in the State of Georgia, AS SURETY , are held and firmly bound unto the State Revenue Commissioner of the State of Georgia, and his successor in office, for the use and benefit of said State, AS OBLIGEE, in the sum of _____ ($_____) DOLLARS, for the payment of which, we bind ourselves, our heirs, executors, administrators and successors, as the case may be, jointly, severally and firmly by these presents.

Signed with our hands and sealed with our seals, this _____ day of _____, _____.

WHEREAS, the above-named Principal has applied to the State Revenue Commissioner of the State of Georgia for a license to engage in business at

_____
(LOCATION OF BUSINESS) (CITY)

as a distributor of cigars and cigarettes under the provisions of the Georgia Public Revenue Code (Chapter 11, Title 48, O.C.G.A.) for a period beginning _____ day of _____, _____, and ending June 30, _____, inclusive.

NOW, THEREFORE, the conditions of this bond are such that if the Principal shall promptly pay to the Obligee all sums which may be due by said Principal as taxes, license fees, rental charges, or otherwise, including penalties and interest, by reason of the operation of said business, together with expenses incurred by the State in the collection of amounts due the State, the nature and amount of such expenses to be determined by the Commissioner; and shall in the operation of said business, faithfully comply with all provisions of said Act, as amended, and with all rules and regulations now, or hereafter, promulgated by the State Revenue Commissioner under the authority of said Act, as amended, for the enforcement and administration of said Act, and with such other conditions as the State Revenue Commissioner may require in rules and regulations, then this bond shall be void; otherwise, it shall remain of full force and effect and shall be construed as a bond of forfeiture.

This bond may be cancelled by the Principal, the Surety or the Obligee by giving sixty (60) days' notice in writing to each of the other parties hereto at their last known address, but no such cancellation shall affect the liability of either the Principal or the Surety occurring before the expiration date of such notice.

This bond shall be in force for the period beginning on the _____ day of _____, _____, through the 30th day of June, _____, inclusive, and shall not be construed as a renewal or continuation of any other bond executed by said Principal and Surety to Obligee for any other period.

IN WITNESS WHEREOF, the said Principal has hereunto set his hand and affixed his seal, and the said Surety has caused these presents to be duly executed by its duly authorized officials, or its duly authorized attorney in fact, and its corporate seal to be hereunto affixed, the day and year first above written.

COUNTERSIGNED

_____
(Local Agent)

_____
(Address)

_____
(City) (State) (Zip Code)

PRINCIPAL _____ (L.S.)
(Signature of Licensee / Authorized Corporate Officer)

SURETY _____
(Attorney in Fact)

NOTE: The official or attorney in fact signing for Surety shall attach to the original bond a certified copy of authority or power to bind the Surety. It shall show that the power is in force and effect at the time of the execution of the bond.

Bond forms change; this is for educational purposes only.

SAMPLE
WWISTIC.COM

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.

Worldwide Insurance Specialists, Inc
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SAMPLE WWISINC.COM