ATT-59 (REV. 03/03)	RETAILERS AND CONSU	JMPTION ON PREMI	SES LIQUOR LICENSE	OF CA					
PERFORMANCE AND TAX LIABILITY BOND									
		GIA DEPARTMENT OF REVI							
	ALCOHOL AND TOBACCO DIVISION								
P.O. Box 49512 ATLANTA, GA 30359-1512									
STATE OF GEORGIA			BOND NO						
			CALENDAR YEAR						
COUNTY OF									
	THESE PRESENTS, That, we								
KNOW ALL MEN DI		(NAME OF	F LICENSEE AS SHOWN ON APPLICATION)						
and		N OR PARTNER(S) AND / OR (, AS PRINCIPAL					
and	(NAME OF CORPORATION	N OR PARTNER(S) AND / OR (JWNERS AND D/B/A)						
and	(NAME O	F SURETY COMPANY EXECU	TING BOND)						
a surety company incorporated a	nd existing under the laws of the State of		and licensed an	d authorized to execute					
successor in office, for the use a	ety in the State of Georgia, AS SURETY, ar nd benefit of said State, AS OBLIGEE, in th irs, executors, administrators and successo	ne sum of TWO THOUSAND	, and licensed and the State Revenue Commissioner of the State and FIVE HUNDRED (\$2,500.00) DOLLARS, ly, severally and firmly by these presents.	e of Georgia, and his for the payment of					
Signed with our hands	s and sealed with our seals, this	day of	· · · · · · · · · · · · · · · · · · ·						
WHEREAS, the above	e-named Principal has applied to the State	Revenue Commissioner of th	ne State of Georgia for a license to engage in	business at					
			as a retailer or consumption	on premise of distilled					
spirits under the provisions of the	(LOCATION OF BUSINESS)		eafter amended), for a period beginning						
	, and ending December 31,,		canci amenaca), foi a period beginning						
	, <u>,</u> ,								
taxes, license fees, rental charge the collection of amounts due the for the period covered by this bor regulations now, or hereafter, pro	es, or otherwise, including penalties and inte e State, the nature and amount of such expe nd, and shall, in the operation of said busine omulgated by the State Revenue Commissioner ma ns as the State Revenue Commissioner ma	erest, by reason of the operat enses to be determined by the ess, faithfully comply with all poner under the authority of sa	ay to the Obligee all sums which may be due b ion of said business, together with expenses in e Obligee but not to exceed ONE HUNDRED (provisions of said Act, as amended, and with a id Act, as amended, for the enforcement and a ions, then this bond shall be void, otherwise, it	curred by the State in \$100.00) DOLLARS Il rules and administration of said					
			ys' notice in writing to each of the other parties urring before the expiration date of such notice						
This bond shall be in t	force for the period beginning on the	day of	,, through the	day of					
Obligee for any other period.	, inclusive, and shall not be c	onstrued as a renewal or cor	ntinuation of any other bond executed by said F	Principal and Surety to					
	DF, the said Principal has hereunto set his duly authorized attorney in fact, and its cor		nd the said Surety has caused these presents ffixed, the day and year first above written.	to be duly executed by					
COUNTERSIGNED:									
		PRINCIPAL	(SIGNATURE OF LICENSEE)	(L.S.)					
(LOCAL AGENT)									
		PRINCIPAL	(PARTNER(S))	(L.S.)					
(ADDRESS)									
Approved this day of			(OWNERS)	_					
		SUPETV							
(STATE REVENUE COM	MISSIONER)	JUNETT	(ATTORNEY IN FACT)	_					
		ainal hand a satified area of	foutbority or power to kind the County of						
is in force and effect at the time		ginal porto a certified copy of	f authority or power to bind the Surety. It sha	an snow that the power					

Bond forms change; this is for educational purposes only.

INTEGRITY SURETY BOND APPLICATION

		AGENCY CONTAG	AGENCY CONTACT			
AGENCY PHONE: AGE		FAX:	E-MAIL:			
AGENCY ADDRESS						
(Street)	E LOOKING TO BEAT	?	(City)	(State) (Zip)		
NAME OF PREVIOUS SURETY COMPAN						
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		EFF.DATE:	EXP.DAT	E:		
OBLIGEE:						
OBLIGEE ADDRESS:						
		(City)	(State)	(Zip)		
APPLICANT'S NAME:		SPOUSE NAME				
SS#:SPC	USE SS#	SS# HOME PHONE:				
RESIDENTIAL ADDRESS:						
BUSINESS NAME:		(City)	(State)	(Zip)		
BUSINESS PHONE:	BUSINESS FAX:		Client E-mail			
BUSINESS ADDRESS:						
(Street) DATE BUSINESS BEGAN UNDER CURREN			(State) BUSINESS TAX ID:	(Zip)		
HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE?	YES 🗌 NO 🗌		_			
HAS APPLICANT EVER FAILED IN BUSINE				YES 🗌 NO 🗌		
		A SEPERATE SHEET O				
IF IES TO ANT,		A SEPERATE SHEET C	JF FAFER.			
SECTION III: ADDITIONAL OWNERS / PAR APPLICANT'S NAME:	INERS	SPOUSE NAME				
SS#:SPC	SPOUSE SS#		HOME PHONE:			
RESIDENTIAL ADDRESS:						
(Street)		(City)	(State)	(Zip)		
ASSETS	MENT OF ASSETS &	LIABILITIES AS OF				
CASH IN BANK	\$	NOTES PAYABLE 1		\$		
CASH ON HAND	\$	NOTES PAYABLE T	O OTHERS	\$		
STOCKS & BONDS	\$	ACCOUNTS PAYAE	BLE	\$		
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE	INCOME TAX DUE	\$		
NOTES RECEIVABLE	\$	ALL OTHER TAXES		\$		
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.		\$		
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT		\$		
EQUIPMENT	\$	DUE ON REAL ESTATE		\$		
REAL ESTATE	\$	OTHER LIABILITIES \$				
OTHER ASSETS	\$		CAPITAL STOCK (IF A CORPORATION)			
	· · ·	SURPLUS & UNDIVIDED PROFITS		\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES	5	\$		
				\$		
NAME OF OWNERS	NAME & TITLE	OF OFFICERS	PERCENTAGE OF OWN	IERSHIP		

Completion of this form constitutes permission 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.

Integrity Bonds Inc

Toll Free: (866) 420-2613 Local (480) 626-8916 Fax: (602) 674-8235

E-Mail info@integritybonds.com