



NOTE: INITIAL BOND DOES NOT REQUIRE SURETY

RETAILER'S MALT BEVERAGE BOND
GEORGIA DEPARTMENT OF REVENUE
ALCOHOL AND TOBACCO TAX UNIT
1800 Century Blvd NE Room 2206
ATLANTA, GEORGIA 30345

STATE OF GEORGIA

COUNTY OF _____

Department Use Only License: _____

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

(HOME ADDRESS) (CITY) (COUNTY) (ZIP)

licensed to do business in the State of Georgia, are held and firmly bound unto THE STATE REVENUE COMMISSIONER of the STATE OF GEORGIA, and his successor or successors, in office, for the use and benefit of said State, as OBLIGEE, in the sum of FIVE HUNDRED (\$500.00) DOLLARS for the payment of which well and truly to be made, we bind ourselves, and 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 Department of Revenue of the State of Georgia for a license to engage in business at:

EXACT STREET ADDRESS WHERE BUSINESS IS LOCATED

TRADE NAME OF BUSINESS CITY COUNTY ZIP

as a Retailer of Malt Beverages, under the provisions of The Georgia Alcoholic Beverage Code, (Section 3-5-25.1 O.C.G.A. and as hereafter amended), for a period beginning _____ day of _____, _____, and ending December 31, _____, inclusive.

NOW THEREFORE, should the said Principal above named promptly pay to the Obligee for the use of said State all sums which may become due by said Principal to the State of Georgia as taxes, license fees, or otherwise, by reason of, or incident to, the operation of said business, together with expenses incurred by the State in the collection of any amount due the State, the amount of expense to be determined by the Commissioner but not to exceed One Hundred (\$100.00) Dollars, and shall faithfully comply with all laws, rules and regulations governing the sale of wine as required by the Act aforesaid, and such other conditions as the State Revenue Commissioner may by rules and regulations require, then this bond shall be void; otherwise, to remain of full force, and shall be construed as a forfeiture bond.

This bond may be canceled 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 Surety accruing before the expiration date of such notice or date of actual cancellation of bond.

This bond shall be in force for the aforesaid period of said Principal's malt beverage license, and shall be deemed to be continued and renewed annually automatically upon the renewal or issue of any malt beverage license to said Principal for the operation of the aforesaid business at the aforesaid location unless prior to the end of any subsequent calendar year, said Principal or said Surety shall notify the State Revenue Commissioner in writing that their respective obligations hereunder is terminated at the end of such subsequent calendar year.

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument under their hands and seals the day and year first above written.

Sworn to and subscribed before me, this the _____

day of _____,

(NOTARY PUBLIC)

PRINCIPLE _____ (LICENSEE) (SEAL)

NOTE: The State Revenue Commissioner may require surety whenever he deems it necessary. Applicant will be notified in writing if surety is required.

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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