



If this form is being completed for a new Iowa permit/license, complete form 70-015 (Annual Application for an Iowa Cigarette Permit/Tobacco License) and mail it with this form.

BOND

Bond Amount _____

Bond No.: _____

Distribution or Sale of Cigarettes and/or Tobacco Products

This bond executed for: Cigarette Permit No. _____

Tobacco License No. _____

Principal is: _____

and

Surety Company is:

Name _____

Name _____

Address _____

Address _____

County _____

are held and firmly bound unto the State of Iowa in the penal sum of _____ for the payment of which in Des Moines, Polk County, Iowa, we bind ourselves, our heirs, executors, administrators, and successors.

The conditions of the foregoing will be that the Principal will be/or was issued a permit/license in accordance with Iowa Code chapter 453A and shall observe and obey all the provisions of the Iowa Cigarette and Tobacco Products tax law, and shall pay all taxes, fines, penalties, damages and costs as provided in the said laws which may be assessed against the said Principal during the time of the continuance of the said permit/license.

This bond shall be effective for the permit/license year ending June 30, _____ and each successive permit/license year until canceled.

Authorized Signature Date

Authorized Signature Date

Principal

Surety Company

approved by State of Iowa _____
Date

Bond Amount	for	Permit/License
\$5,000		Cigarette Manufacturer
\$3,500		Cigarette and Tobacco Distributor
\$2,500		Cigarette Distributor, Wholesaler, Distributing Agent
\$1,000		Cigarette Vendor, Tobacco Distributor
\$ 500		Railway Car Retailer

Note: Surety on this bond must be a surety company authorized to do business in Iowa and approved as to its solvency by the Insurance Commissioner.

The notice for relief from liability by the bonding company shall be by Certified Mail.

Mail this form to Iowa Department of Revenue

PO Box 10472, Des Moines, Iowa 50306-0472. educational purposes only.

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
 2424 W. Missouri AVE
 Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM