

KANSAS DEPARTMENT OF REVENUE
ALCOHOLIC BEVERAGE CONTROL DIVISION
Topeka, Kansas 66625-2073
(785) 368-8222

Bond No. _____
Liquor Excise
Reg. No. _____

RETAIL LIQUOR EXCISE SURETY TAX BOND

KNOW ALL MEN BY THESE PRESENTS:

That we _____,
(Underline one - Individual Proprietorship, Partnership, LLC or Corporation)
with main office location at _____,
(Street Address) (City) (State) (zip)
as Principal, and the _____,
(Surety)
surety, are held and firmly bound unto the STATE OF KANSAS in the sum of _____ dollars
(\$ _____), lawful money of the United States, to the payment of which, well and truly to be made, we hereby bind
ourselves, Our heirs, executors, administrators, assigns, and successors firmly by these presents.

WHEREAS, the above-named principal has made application to the Director of Taxation for a Retail Liquor Excise Tax Certificate of
Registration to operate a licensed establishment selling alcoholic liquor at _____,
(Street)
_____, Kansas, and is *subject to* the Kansas Retail Liquor Excise Tax Act:
(City)

NOW, THEREFORE, the condition of this obligation is such that if the above-named principal shall well and faithfully comply with all
of the provisions of the Kansas Retail Liquor Excise Tax Laws, Rules and Regulations relating to the payments of liquor excise tax and
penalty due under the laws of this State of Kansas, then this obligation shall be void and of no effect; otherwise it shall be and remain in full
force and effect. Such principal hereby authorizes employees of the Kansas Department of Revenue to disclose to the surety herein all
matters relating to the tax guaranteed by this bond.

This obligation shall be a continuing obligation and shall remain in full force and effect until canceled by the principal and surety after
having given thirty (30) days written notice to the obligee.

This bond is effective on and after the _____ day of _____,

Witness our hands at _____, Kansas, this _____ day of _____,

(Surety Name)

(Principal)

(Street Address) (City, State) (Zip)

By _____
(Signature)

By _____
(Signature of Principal)

Its _____
(Bond shall be accompanied by power of attorney for attorney- in-fact.)

(Indicate Title: President, Vice-President, Partner, or Owner)

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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