

KANSAS DEPARTMENT OF REVENUE
MISCELLANEOUS TAX – CUSTOMER RELATIONS

915 SW HARRISON ST.
TOPEKA, KANSAS 66612-1588

Web site: <http://ksrevenue.org/bustaxtypescig.html> Email: miscellaneous.tax@kdor.ks.gov
Phone: (785) 368-8222 Fax: (785) 291-3968

Bond No. _____
(Affix Bond No. on Document)

WHOLESALE CIGARETTE DEALER'S BOND

KNOW ALL MEN BY THESE PRESENTS: THAT _____ with main
(Principal)
office location at _____ as Principal, and
(Street Address) (City) (State & Zip Code)
the _____ a corporation authorized to
(Surety Company Name)

transact business in Kansas, as 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, as individually set out below in the following schedule:

- ☐ Wholesale Cigarette Dealer's License _____
☐ Wholesale Cigarette Dealer's Tax Credit "*****" _____

WHEREAS, The above-named principal, a LICENSED WHOLESALE CIGARETTE DEALER within the provisions of Chapter 79, Article 33, G.S., Kansas, 1949, and amendments thereto, is authorized to affix cigarette tax stamps or Kansas tax indicia to packages of cigarettes at his/their licensed location at:

(Street Address) (City) (State & Zip Code)

and is required by such law to comply with all the provisions of said law together with the Sales and Compensating Tax Rules and Regulations pursuant thereto, as adopted by the Director of Taxation; and to make such reports and furnish such information as the Director of Taxation may require, to said Director at his office in Topeka, Kansas; and to further pay all taxes due and owing the State of Kansas as provided in said Kansas Cigarette Tax Law. The forfeiture of any Wholesale Dealer's Bond shall be in an amount only to the extent of moneys due and owing the State of Kansas.

NOW, THEREFORE, The condition of this obligation is such that if the above-named principal shall faithfully comply with all the provisions of Chapter 79, Article 33, G.S., Kansas, 1949, and amendments thereto, together with the Sales and Compensating Tax Rules and Regulations promulgated by the Director of Taxation pursuant thereto, then this obligation shall be void and of no effect; otherwise it shall be and remain in full force and effect. Said principal hereby authorizes employees of the Department of Revenue to disclose to the surety herein a statement of account relating to the tax guaranteed by this bond.

This bond is effective on and after the _____ day of _____, _____.
(Year)

Witness our hands at _____, Kansas, this _____ day of _____, _____.
(Year)

(Principal)
By _____ aa _____
(Indicate Position: President, Vice-President, Partner, Owner)

Attest _____
(Second Corporate Officer, Indicate Office) _____
aaaaa _____
(Surety)

_____ aaaaa _____
(Surety Address)

(Surety Company Phone Number)

By _____
(Surety Signature)

Its _____
(Bond shall be accompanied by power of attorney for attorney-in-fact. A Kansas licensed agent of the surety must countersign.)

Countersigned at _____, Kansas by _____
(Kansas Licensed Agent)

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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