

BOND FOR LIQUOR LICENSE**KNOW ALL MEN BY THESE PRESENTS,**

That we, _____ of
 _____, County of _____, and
 Commonwealth of Massachusetts, as Principal, and the _____
 of _____, as Surety, are held and firmly bound unto
 Commonwealth of Massachusetts in the penal sum of _____
 Dollars (_____), lawful money of the United States, for which payment, well and truly to be
 made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and
 severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT, Whereas the Principal has duly
 made application for a license for the manufacture, transportation, importation, exportation, sale or
 storage of alcohol, alcoholic liquors or beverages at _____ under the
 provisions of the laws of the Commonwealth of Massachusetts as they now exist, or as they may be
 amended, and regulations lawfully issued pursuant thereto;

NOW, THEREFORE, if said Principal, licensed as aforesaid shall comply with all the provisions
 of such laws, including payment of taxes thereunder, and shall pay all fines and penalties assessed
 against the Principal for violation of any provisions of such Laws, or Regulations pursuant thereto,
 and shall perform all the conditions of the said license, then this obligation shall be void, otherwise to
 remain in full force and effect; subject, however, to the following conditions:

1. The aggregate liability of the Surety on account of any and all defaults hereunder shall
 in no event exceed the penal sum of this bond.

2. Unless previously cancelled, as hereinafter provided, this bond shall be effect for the
 period of said License, ending **December 31**, _____. The Surety may, however, at any time
 terminate its obligation hereunder by giving thirty (30) days written notice to said Principal, the Local
 Licensing Authorities and the Alcoholic Beverages Control Commission, in which event the liability of
 the Surety shall, at the expiration of said thirty (30) days, cease and determine, except as to such
 liability of the Principal for violation of any provision of said Laws or Regulations pursuant thereto for
 the performance of the conditions of said License, occurring prior to the expiration of said thirty (30)
 days.

3. No action to recover hereunder may be brought after the expiration of two (2) years
 from the termination of this bond.

Signed, sealed and dated this _____ day of _____, _____.

In presence of _____

BY: _____

BY: _____

Approved by _____

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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