



Michigan Department of Labor & Economic Growth
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
7150 Harris Drive, P.O. Box 30005
Lansing, Michigan 48909-7505

SURETY BOND FOR NON-RETAIL LICENSE

[Authorized by MCL 436.1801]

****PLEASE READ REQUIREMENTS FOR SURETY BOND BEFORE SIGNING****

CONTINUOUS BOND NO. _____

KNOW ALL PEOPLE BY THESE PRESENTS, That we _____

as Principal and _____

(Surety Name)

of _____ Street, City of _____ State of _____

(Surety Home Office Address)

Having been authorized to do business in the State of Michigan, as surety, are firmly bound to the People of the State of Michigan in the sum of \$ _____, to which payment, we bind ourselves, our heirs, personal representatives, successors and assigns, firmly by these presents.

Sealed with our seals and dated this _____ day of _____ A.D. 20 _____

THE CONDITION OF THIS OBLIGATION is such that:

- if the Principal pays or causes to be paid, as provided by law, the tax or fees imposed by law on all alcoholic liquors manufactured, warehoused or wholesaled by the Principal, and
- if the Principal complies with (1) the terms of the said permits or licenses or supplementary permits and licenses, or any modification to the permits or licenses, and (2) with all provisions of the laws of this State and regulations now or hereafter in force relating to alcoholic liquors; and
- if the Principal further pays all other taxes, assessments, penalties and interest on assessed taxes, inspection fees or fines which may become due or are levied against the Principal under the laws of this State or rules and regulations of the Liquor Control Commission now in effect or hereinafter enacted, and all other lawful debts, obligations, and undertakings which shall become owing to this State on account of the manufacture, sale, warehousing, wholesaling or removal of any alcoholic liquors;

Then this obligation shall be void; otherwise to remain in full force and effect.

AND THE OBLIGORS, for themselves, their heirs, personal representatives, successors and assigns further agree with the State of Michigan as follows:

1. This bond shall be effective from and after the _____ day of _____ A.D. 20 _____, if accepted by the Michigan Liquor Control Commission, and shall remain in full force and effect as set forth in this bond, or otherwise limited by law and the rules and regulations of the Liquor Control Commission. If the effective date of the bond is not filled in, the date of execution shall be the effective date.
2. All rights and liabilities under this bond shall be governed, by the terms hereof, by law, and by regulations made pursuant to law as now exist or as later amended.
3. Any surety herein desiring to cancel this Bond may do so in writing to the Principal and the Michigan Liquor Control Commission (MLCC). The effective date of the cancellation shall be at least thirty days after the receipt of the notification of cancellation by the Principal and the MLCC. This notice may be given by an agent of the surety, only if the agent has an executed power-of-attorney authorizing the giving of such Notice, or a verified statement that same is on file with the MLCC. The surety shall be relieved of all liability for acts done after the cancellation is effective.
4. Conditioned further that all terms, obligations, and conditions of this bond shall be binding on the principal for its acts and the acts of its vendor, sales representatives, agents, servants and employees, pursuant to the laws of this State and rules of the MLCC, now and in effect or hereafter enacted.

WITNESS OUR HANDS AND SEAL

this _____ day of _____, A.D. 20 _____

Signed, Sealed and Delivered in the presence of _____

LC-MW-816 (Rev. 10/2007)

Principal Signature

Principal Signature

Surety Agent Signature

Attorney-in-fact Signature

Business Address _____

FOR MLCC USE ONLY

<input type="checkbox"/> Michigan Brewer / Micro Brewer	\$ _____	<input type="checkbox"/> Outstate Seller of Wine	\$ _____
<input type="checkbox"/> Michigan Wine Maker / Small Wine Maker	\$ _____	<input type="checkbox"/> Outstate Seller of Mixed Spirit Drinks	\$ _____
<input type="checkbox"/> Outstate Seller of Beer	\$ _____	<input type="checkbox"/> Michigan MFG. of Mixed Spirit Drinks	\$ _____

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