

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION

BOND No. _____

SURETY BOND
ALCOHOL & GAMBLING ENFORCEMENT DIRECTOR
MANUFACTURERS OR WHOLESALERS

Know all men by these presents That we _____

_____ as principal, and
_____, a corporation

organized and existing under the laws of the State of _____ and duly authorized to transact a corporate surety business in the State of Minnesota, as surety, are held and firmly bound unto the State of Minnesota in the

penal sum of _____ dollars, good and lawful money or the United States, to be paid to the State of Minnesota, for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our hands and seals this _____ day of _____, 20__

Whereas, The above bounden principal desires to carry on the business of handling intoxicating liquor as a _____

_____ and is about to be granted a license for that purpose
(Manufacturer or Wholesaler)
in pursuance with the provisions of Minnesota Statutes, Chapter 340A, as amended.

NOW, THEREFORE, The condition of this obligation is such that if the principal shall comply with the terms of said license or any modifications, extensions or renewals thereof, and with the provisions of the above entitled act of the legislature of the State of Minnesota, and as it may at any time be amended and supplemented, and all other acts and laws of the State of Minnesota, and with the rules, regulations and decisions lawfully made and issued by the proper authorities of the State of Minnesota relating thereto, and that if the said principal shall further pay to the state, when due, all taxes, license fees, penalties and other charges payable by him or her under said act or any other law relating to the manufacture, distribution or sale of intoxicating liquors, and in accordance with the rules, regulations and decisions lawfully made and issued by the proper authorities of the State of Minnesota relating thereto, and all other lawful debts, obligations and undertakings which may be or become owing to the State of Minnesota on account of manufacture, importation, use or disposition of any intoxicating liquor manufactured or imported by, issued to, received or possessed by such principal of said license, or any modification, extension or removal thereof, and that if said principal shall not comply with the provisions of said act this bond shall be forfeited to the State of Minnesota as in said act provided; then this obligation shall be void, otherwise to remain in full force and effect.

The surety company consents to be bound by this obligation, not withstanding any informality in its execution.

This bond is for the license period commencing _____

And ending _____

Witness our hand and seals this _____ day of _____, 20__

Signed, sealed, and delivered in the presence of - _____ (Seal)

_____ (Seal)

_____ (Seal)

_____ (Seal)

as to principal

_____ (Seal)
as to surety

Bond forms change; this is for educational purposes only.

ACKNOWLEDGEMENT OF PRINCIPAL

STATE OF MINNESOTA }
County of _____ }ss.

On this _____ day of _____, 20__, before me, a notary public within and for said

County appeared _____ to me known to be the person signing as principal herein, and stated that he signed the same of his own free will and accord.

Notary Public

_____ County, Minnesota

(SEAL)

My Commission expires _____

NOTE: SEE OTHER SIDE FOR ACKNOWLEDGEMENT FOR CORPORATION AND SURETY.

FOR CORPORATION

STATE OF MINNESOTA }
 }ss.
County of _____ }

On this _____ day of _____, 20____, before me personally appeared _____

_____ to me personally known, who being by me duly sworn, did say that he/she is

Attorney-in-Fact of the _____, that the seal affixed to the foregoing instrument is the corporate seal of that corporation and that said instrument was executed in behalf of the corporation by

authority of its board of directors, and said _____ acknowledged said instrument to be the free act and deed of said corporation.

Notary Public

_____ County, Minnesota.

(SEAL)

My Commission expires _____

ACKNOWLEDGEMENT OF SURETY

STATE OF MINNESOTA }
 }ss.
County of _____ }

On this _____ day of _____, 20____, before me personally appeared _____

_____ to me personally known, who being by me duly sworn, did say that he is

Attorney-in-Fact of the _____, that the seal affixed to the foregoing instrument is the corporate seal of that corporation and that said instrument was executed in behalf of the corporation by

authority of its board of directors, and said _____ acknowledged said instrument to be the free act and deed of the corporation.

Notary Public

_____ County, Minnesota.

(SEAL)

My Commission expires _____

Bond forms change; this is for educational purposes only.

Approved by the Alcohol & Gambling Enforcement

Director of the State of Minnesota this _____

Day _____, 20_____

Alcohol & Gambling Enforcement Director

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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