

**State of Mississippi
SURETY BOND**

KNOW ALL MEN BY THESE PRESENTS: That we, _____

_____, of the City of _____

County of _____, State of _____, as principal

and _____, a corporation incorporated under the laws of the State of

_____, and duly licensed to do business in the State of Mississippi, as Surety are held and firmly bound unto the State of Mississippi, obligee, in the sum of _____

dollars (\$ _____), for the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents, and

Whereas, the Principal has been licensed by the Alcoholic Beverage Control of the State Tax Commission to be a retailer of alcoholic beverages under and by virtue of the provisions of the Local Option Alcoholic Beverage Control Laws of the State of Mississippi at

_____ Street in the City of _____

County of _____, State of Mississippi, for a term beginning the

_____ Day of _____, _____.

The conditions of this obligation are such that if the Principal shall faithfully observe the provisions of the Local Option Alcoholic Beverage Control Laws, Sections 671-1-, et seq., MCA 1972, as well as Sections 27-71-1 through 27-71-31, MCA 1972, all amendments thereto and Rules and Regulations issued thereunder, and shall pay all taxes, damages, interest, and penalties, which may accrue to the State of Mississippi, including but not limited to sales, income and privilege taxes; and in addition, shall pay any and all checks or drafts returned for non-payment to the Alcoholic Beverage Control Division of the Tax Commission, then this obligation shall be void, otherwise to remain in full force and effect, until a release from further liabilities imposed herein is granted in writing; PROVIDED, HOWEVER, that if the Surety shall so elect, this bond may be cancelled at any time by the Surety giving sixty (60) days notice in writing addressed to and receipted therefor by the Director of the Alcoholic Beverage Control Division of the Tax Commission, and upon the giving of such notice, this bond shall be deemed cancelled at the expiration of sixty (60) days therefrom.

WITNESS our hand and seal, this the _____ day of _____, _____.

Principal

(SEAL) By: _____

COUNTERSIGNED: _____

Surety

Licensed Mississippi Agent By: _____
(If signed by Attorney in Fact, attach copy of written authority)

Address

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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