



MISSOURI DEPARTMENT OF REVENUE
 DIVISION OF TAXATION AND COLLECTION
 P.O. BOX 811, JEFFERSON CITY, MISSOURI 65105-0811
**CIGARETTE WHOLESALER'S
 FIDELITY BOND**

FORM 213 (REV. 11-2003)	BOND NUMBER
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KNOW ALL MEN BY THESE PRESENTS:

That _____
 of the City of _____, County of _____

State of _____, as Principal, and _____
 a corporation duly authorized to transact business in Missouri, as Surety, are held and firmly bound unto the State of Missouri,
 in the penal sum of _____ dollars (\$ _____), lawful money of the United States, for
 payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, assigns, or successors
 firmly by these presents.

WHEREAS, the above named principal, a LICENSED CIGARETTE WHOLESALER as that term is defined in Chapter 149,
 RSMo, and amendments thereto, is authorized to affix Missouri cigarette tax stamps to packages of cigarettes at his/her
 licensed location at: _____, City of _____,
 State of _____, and is required by such law to comply with all the provisions of said law
 together with the Rules and Regulations pursuant thereto, as adopted by the Director of Revenue; and to make such reports
 and furnish such information as the Director or Revenue may require, to said Director at his/her office in Jefferson City,
 Missouri 65105-0811 (P.O. Box 811); and to further pay all taxes due and owing the State of Missouri as provided in said
 Missouri Cigarette Tax Law and the Rules and Regulations. The forfeiture of any Wholesaler's Bond shall be in an amount
 only to the extent of moneys due and owing the State of Missouri.

NOW, THEREFORE, the condition of this obligation is such that if the above named principal shall faithfully comply with
 all the provisions of Chapter 149, RSMo, and amendments thereto, together with the Rules and Regulations promulgated by
 the Director of Revenue pursuant thereto, then this obligation shall be void and of no effect; otherwise it shall be and remain
 in full force and effect, until cancellation is approved by the Director of Revenue, or until canceled by the surety as here-
 inafter provided.

If the surety herein shall so elect, this bond may be conditionally canceled at any time by the surety herein filing with the
 Director of Revenue of the State of Missouri a 90 days' written notice of such conditional cancellation. Said notice is to be
 mailed to the Department of Revenue of the State of Missouri by United States registered or certified mail, but said surety so
 filing said notice shall not be discharged from any liability already accrued under this bond or which shall accrue hereunder
 before the expiration of said 90 day period.

This bond is effective on and after the _____ day of _____, 20____.

IN WITNESS WHEREOF, the said principal's hand and seal has been hereunto, and the said surety has caused these
 presents to be signed by its Attorney In Fact, and its corporate seal to be hereunto affixed this the _____
 day of _____, 20____.

ATTEST: (SEAL BY SURETY)	SIGNATURE OF PRINCIPAL*	TITLE
	SURETY (NAME AND ADDRESS)	
	BY: ATTORNEY IN FACT	

*If principal is an individual or partnership doing business under a firm name said fact must be shown in the body of bond, such as "That John Doe, an individual d/b/a Doe Tobacco Co." As principal, or "That John Doe and Richard Roe, partners, d/b/a D. and R. Tobacco Co." as principal; if principal is corporation, the signature must be the name of the corporation by the proper officer and said signature must be attested by the proper officer; if partnership, each partner must sign.

If you have questions or need assistance in completing this form, please call (573) 751-5772 or email excise@dor.mo.gov.
 You may also obtain this form from the department's web site at: www.dor.mo.gov/tax/business/excise/tobacco/forms/. TDD (800) 735-2966

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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