



MISSOURI DEPARTMENT OF PUBLIC SAFETY  
 DIVISION OF ALCOHOL AND TOBACCO CONTROL  
**CORPORATE BOND (INTOXICATING LIQUOR, WINE & 5% BEER TAX)**

BOND NUMBER

NAME OF CORPORATION, INDIVIDUAL OR PARTNERSHIP

KNOW ALL MEN BY THESE PRESENTS, THAT  
 OF THE CITY OF COUNTY OF STATE OF

as Principal, and  
 a corporation duly organized and existing under and by virtue of the laws of the State of , and  
 authorized to become sole surety on bonds in the State of Missouri, as surety, are held and firmly bound into the State of  
 Missouri, in the full and penal sum of lawful money of the United States, for payment of which well and truly to be  
 made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Signed and sealed this day of , A. D.

WHEREAS, the said Principal has been licensed by the Supervisor of Alcohol and Tobacco Control of the State of Missouri, as

NAME OF MANUFACTURER, OUT-STATE SOLICITOR OR WHOLESALER DEALER

of the Liquor Control Act of the State of Missouri, and acts amendatory thereto, at

STREET  
 IN THE CITY OF COUNTY OF STATE OF  
 FOR A TERM BEGINNING THE day of , A.D. AND CONTINUING UNTIL THE day of , A.D.

NOW THEREFORE, the conditions of this obligation are such that, if the Principal shall pay to the Director of Revenue all monies which shall become due from or payable by said Principal under the provisions of Sections 311.520, 311.550, 311.553, 311.554, .311.557, and 311.561, 311.580 and 311.60 RSMo, and if the Principal shall fully comply with the provisions of said Sections, as amended and supplemented, and with the rules and regulations of the Supervisor of Alcohol and Tobacco Control made pursuant thereto, then this obligation shall be void; otherwise to remain in full force and effect.

This bond is given and received under the express conditions that if the Surety shall so elect, this bond may be terminated by giving thirty (30) days' notice in writing to Principal named herein and to the Supervisor of Alcohol and Tobacco Control of Missouri.

PROVIDED THAT, in the event of such cancellation, the Surety shall, upon surrender of this bond and its Release from all liability thereunder, refund the premium paid, less a pro rata part thereof, for the time this bond shall have been in force.

IN WITNESS WHEREOF, the said Principal has hereunto set his hand and seal, and the said

has caused these presents to be signed by its

attested by its , and its corporate seal to be hereunto affixed the day and year first above written.

SURETY OR BONDING COMPANY	
NAME	PRINCIPAL SIGNATURE
ADDRESS	SURETY SIGNATURE
PHONE# FAX #	ATTORNEY IN FACT SIGNATURE

# 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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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**  
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 Phoenix, AZ 85015

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