



Bond No. \_\_\_\_\_

### Form of Bond for Wholesale Dealer of Cigarettes

KNOW ALL MEN BY THESE PRESENTS, that we \_\_\_\_\_  
(Name of Corporation, Partnership or Individual)

of \_\_\_\_\_  
(Address-Street, City, State, ZIP)

as Principal, and \_\_\_\_\_ a corporation organized under the laws of  
(Name of surety)

\_\_\_\_\_ having its principal office at \_\_\_\_\_  
(State of Incorporation) (Address-Street, City, State and ZIP)

and being duly authorized to transact business in the State of New York, as Surety, are held and firmly bound to the People of the State of New York in the sum of \$10,000, lawful money of the United States of America to be paid to the said People of the State of New York, their attorney or assigns, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, said principal is a wholesale dealer of cigarettes within the meaning of Article 20 of the Tax Law of the State of New York having a place of business at \_\_\_\_\_ and said Article 20  
(Address-Street, City, State and ZIP)

providing that the Commissioner of Taxation and Finance may license wholesale dealers of cigarettes, and said Principal having been licensed as such wholesale dealer of cigarettes or having made application for such license.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION is such that if the principal shall pay to the New York State Department of Taxation and Finance, its fiscal agent, or any fiscal sub-agents all sums due for any violation of Article 20 or Article 20-A of the Tax Law, and amendments thereto, and the regulations of the Commissioner of Taxation and Finance adopted pursuant thereto, then this obligation to be void, otherwise to remain in full force and effect, subject, however, to the following conditions:

1. The aggregate liability of the surety with respect to sums due for violations by the Principal of Article 20 or Article 20-A of the Tax Law during the entire effective period of this bond shall not exceed the amount above stated.
2. This bond may be canceled upon the written consent of the Department of Taxation and Finance, or by the service of written notice by the Surety upon the Department of Taxation and Finance, in which event the liability of the Surety hereunder shall absolutely cease and terminate ninety (90) days after the service of such notice as to any subsequent acts by said Principal.

IN WITNESS WHEREOF, said Principal and Surety have caused this instrument to be duly signed, sealed and acknowledged this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Principal (Seal)

By \_\_\_\_\_

\_\_\_\_\_  
Surety (Seal)

By \_\_\_\_\_

NOTE: Attach acknowledgements by both principal and surety, current financial statement of the surety and copy of power of attorney for person signing on behalf of surety company.

# INTEGRITY SURETY BOND APPLICATION

AGENCY NAME: \_\_\_\_\_ AGENCY CONTACT \_\_\_\_\_  
 AGENCY PHONE: \_\_\_\_\_ AGENCY FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 AGENCY ADDRESS: \_\_\_\_\_  
(Street) (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: \_\_\_\_\_ EFF.DATE: \_\_\_\_\_ EXP.DATE: \_\_\_\_\_  
 TYPE OF COMPANY CORP  LLC  DBA  PARTNERSHIP  AMOUNT: \_\_\_\_\_  
 OBLIGEE: \_\_\_\_\_

OBLIGEE ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**SECTION II: GENERAL INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

BUSINESS NAME: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_ Client E-mail \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

DATE BUSINESS BEGAN UNDER CURRENT NAME: \_\_\_\_\_ BUSINESS TAX ID: \_\_\_\_\_

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES  NO  DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS 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 / PARTNERS**

APPLICANT'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**STATEMENT OF ASSETS & LIABILITIES AS OF \_\_\_\_\_**

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>		<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>

Completion of this form constitutes permission 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.

**Integrity Bonds Inc**

**Toll Free: (866) 420-2613**

**Local (480) 626-8916**

**E-Mail info@integritybonds.com**

**Fax: (602) 674-8235**