

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

Location: 400 E. Tryon Road
Raleigh, NC 27610
919-779-0700
MAIL TO: 4307 Mail Service Center
Raleigh, NC 27699-4307

DATE: _____

BOND NUMBER: _____

BOND FOR THE TRANSPORTATION OF SPIRITUOUS LIQUOR

KNOW ALL MEN THESE PRESENTS, THAT _____ an individual, a co-partnership, a corporation organized under the laws of _____ in the State of _____ as Principal and _____ a surety corporation organized under the State of _____ and duly authorized by the Insurance Commissioner of North Carolina to do business in North Carolina with an office located at _____ in the city of _____ North Carolina, as Surety, are held and firmly bound unto the State of North Carolina, in the sum of **ONE THOUSAND AND NO/100 (\$1,000) DOLLARS**, lawful money of the United States of America, to be paid to the said State of North Carolina, for which payment will and truly to be made, we do hereby bind ourselves, jointly and severally, our successors, and assigns firmly by these present. Signed, sealed and delivered this _____ (day) _____ (month) _____ (year).

WHEREAS, the above bound Principal has applied for a license or permit from the North Carolina Alcoholic Beverage Control Commission for the transportation of alcoholic beverages as provided in Sec. 18B-1115(e) of the General Statutes of North Carolina, and WHEREAS, the furnishing of this bond is a condition precedent to the granting of such license or permit.

NOW, THEREFORE, if the Principal will not unlawfully transport or deliver any alcoholic beverages within, into or through the State of North Carolina, and will conform with the Rules and Regulations of the North Carolina Alcoholic Beverage Control Commission and the laws of the State of North Carolina regarding the transportation of alcoholic beverages, then this instrument be null and void else it shall remain in full force and effect.

This obligation may be canceled upon thirty (30) days written notice by registered mail by the above named surety to the State of North Carolina through its agents, the Chairman, or the Administrator of the North Carolina Alcoholic Beverage Control Commission, Raleigh, North Carolina, but such cancellation is to be prospective in operation only from the date thereof.

ATTEST: _____

_____ (SEAL)

(PRINCIPAL)

BY: _____

(SURETY)

BY: _____

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: _____ AMOUNT: _____
 OBLIGEE: _____ EFF. DATE: _____ EXP. DATE: _____
 OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
 BUSINESS NAME: _____
 BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
 BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP HOW MANY OWNERS? _____

DATE BUSINESS ESTABLISHED: _____ 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

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
 ADDITIONAL OWNERS / PARTNERS
 OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL 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	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS	NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc **Toll Free: (888) 518-8011**
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Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM