

STATE OF OKLAHOMA
TAXPAYER ASSISTANCE DIVISION - OKLAHOMA TAX COMMISSION
MIXED BEVERAGE GROSS RECEIPTS TAX BOND
(SURETY BOND FORM)



Know All Men By These Presents: FEI/SSN: _____ Bond Number _____

That I, we, or either of us, _____
(If partnership, names of all partners)

doing business under the name of _____

with the principal place of business at _____

as PRINCIPAL and _____,

mailing address of _____,

a corporation duly incorporated under the laws of _____ and authorized to transact business within the State of Oklahoma, as Surety, are all held and firmly bound unto the State of Oklahoma, and to the Oklahoma Tax Commission, as the official collector of

the mixed beverage gross receipts tax levied by the laws of the State of Oklahoma, in the sum of (\$ _____) for the payment of which, well and truly to be made, the said Principal and Surety bind themselves, their successors, heirs and assigns jointly and severally by these presents:

THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH, that,

WHEREAS, The said Principal is a holder of a mixed beverage, caterer, or special events license, as defined by the laws of the State of Oklahoma relating to the sale of alcoholic beverages.

NOW THEREFORE, If the said Principal shall, while this bond is in force and effect, beginning at noon, Central Standard Time, on the _____ day of _____, _____, make and file with the Oklahoma Tax Commission, the reports, invoices and details of transactions and operations in alcoholic beverages required by law, and by the rules and regulations of the Oklahoma Tax Commission, and shall well and truly pay, or cause to be paid, any and all mixed beverage gross receipts taxes, and penalties and interest thereon, due the State of Oklahoma, (the amount due to be ascertained by the Oklahoma Tax Commission, whose finding shall be final and conclusive in any action upon said bond to enforce liability thereunder), then this obligation shall be null and void; otherwise, to remain in full force and effect.

This bond is a continuing bond, and may be terminated and Surety released from any and all liability to the State of Oklahoma accruing on such bond after the expiration of thirty days from the date upon which Surety shall have filed with the Oklahoma Tax Commission a written request to be released and discharged, but this provision shall not operate to relieve, release or discharge the Surety from any liability already accrued, or which shall accrue before the expiration of the thirty day period. The written request of the Surety to be released and discharged hereunder shall be given by certified mail to the Director of the Taxpayer Assistance Division, Oklahoma Tax Commission, Post Office Box 269057, Oklahoma City, Oklahoma 73126-9057.

BY EXECUTION OF THIS BOND, PRINCIPAL SPECIFICALLY AUTHORIZES THE OKLAHOMA TAX COMMISSION TO FURNISH ANY AND ALL AUDIT PAPERS TO THE SURETY AS MAY BE DEEMED NECESSARY BY THE OKLAHOMA TAX COMMISSION TO SUPPORT ANY CLAIM HEREUNDER.

IN TESTIMONY WHEREOF, the said Principal has executed this bond, if a corporation, by causing this bond to be signed by its president and attested by its secretary, with its corporate seal affixed, or if a partnership, all partners have signed as Principals; and the said Surety has executed this bond or caused same to be executed by its attorney in fact, with its corporate seal hereunto affixed.

Signed and sealed this _____ day of _____, _____.

(CORPORATE SEAL OF PRINCIPAL)

ATTEST:

Secretary

Principal

President

(CORPORATE SEAL OF SURETY)

ATTEST:

Secretary

Surety

By _____
Attorney-in-Fact

Registered, This _____ day of _____, _____.

Oklahoma Tax Commission

By _____
Director, Taxpayer Assistance Division

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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