

STATE OF OKLAHOMA  
TAXPAYER ASSISTANCE DIVISION - OKLAHOMA TAX COMMISSION  
ALCOHOLIC BEVERAGE 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 \_\_\_\_\_, 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 alcoholic beverage tax levied by the laws of the State of Oklahoma, in the sum of

\_\_\_\_\_ Dollars (\$ \_\_\_\_\_) 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 manufacturer, wholesaler or Class B wholesaler, 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 alcoholic beverage 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, PO Box 53374, Oklahoma City, Oklahoma 73152-3374.

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 HEREUDNER.

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 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

(CORPORATE SEAL OF SURETY)

ATTEST:

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Principal

\_\_\_\_\_  
President

\_\_\_\_\_  
Surety

By \_\_\_\_\_  
Attorney-in-Fact

Countersigned \_\_\_\_\_  
Oklahoma Resident Agent

Registered, This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Oklahoma Tax Commission

By \_\_\_\_\_  
Director, Taxpayer Assistance Division

# 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](mailto:info@integritybonds.com)**

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