



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Department of Business Regulation  
**DIVISION OF COMMERCIAL LICENSING AND  
RACING AND ATHLETICS**

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Bond amounts:

Wholesale A, \$2,500  
Wholesale B, \$2,500  
Manufacturer, \$5,000

ALCOHOL BEVERAGE BOND

KNOW ALL MEN BY THESE PRESENT, that I (we) \_\_\_\_\_ of the City/Town  
of \_\_\_\_\_ County of \_\_\_\_\_ State of Rhode Island, as principal, and  
\_\_\_\_\_ of \_\_\_\_\_ County of \_\_\_\_\_ and  
\_\_\_\_\_ In said state as sureties \_\_\_\_\_

a surety Company authorized to do business in the State of Rhode Island, as Surety are holden  
and firmly bound upon \_\_\_\_\_ as he/she is treasurer of said State in the full sum of  
\_\_\_\_\_ to be paid to said treasurer as foresaid, and his successor in said office,  
to the payment of which sum we do hereby jointly and severally bind ourselves, our respective  
heirs, executors, administrators, successors and assigns.

Sealed with our seals this \_\_\_\_\_ day of \_\_\_\_\_ THE CONDITION OF  
THIS OBLIGATION IS SUCH, that whereas, the above named Principal has been Granted  
a license to sell alcoholic beverages under Title 3 of the General Laws of Rhode Island, 1956  
as Amended, said license covering the premises at \_\_\_\_\_ until the first day

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of December, unless sooner revoked by the authority granting same or otherwise as provided by law, said principal paying to the Treasurer of the State of Rhode Island the license fee required.

NOW THEREFORE, if said principal shall not violate or suffer to be violated on any licensed premise under his control any of the provisions of this chapter (3-6-13) or of any chapter in this title or of any chapter of Title 11 and shall pay all costs and damages incurred by violation of any of either of said chapters on the part of said principal, then this obligation shall be void otherwise to remain in full force and effect.

SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF:

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## 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 YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐  
BONDS FOR ANY PURPOSE? AGAINST YOU?  
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**  
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