



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**STATE TOBACCO TAX BOND**

**L-2167**  
(Rev. 12/17/07)  
4317

Mail to: South Carolina Department of Revenue, Miscellaneous Tax Section, Columbia, SC 29214-0139

Bond Number \_\_\_\_\_

**THE STATE OF SOUTH CAROLINA  
KNOW ALL MEN BY THESE PRESENTS**

That \_\_\_\_\_  
(Taxpayer)

Address \_\_\_\_\_

as principal and the \_\_\_\_\_  
(Bond Company)

a corporation under the laws of the State of \_\_\_\_\_  
duly authorized to transact business in the State of South Carolina as surety are held and firmly bound unto  
South Carolina Department of Revenue for and on behalf of the State of South Carolina in the penal sum of  
\_\_\_\_\_ Dollars,  
lawful money of the United States of America, for payment of which, well and truly to be made, we bind ourselves, our  
heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

Signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, A. D., year of \_\_\_\_\_.

NOW THEREFORE, the condition of this obligation is such that if \_\_\_\_\_  
shall pay all the taxes, penalties, and/or interest which may be due under the provisions of all Chapters 21 and 54, Title  
12, Code of Laws of South Carolina, 1976 and Amendments thereto, providing for the requirement of bond for the  
payment of taxes, penalties and/or interest, then this obligation is to be void, otherwise to remain in full force and virtue.

**THIS BOND IS EXECUTED BY THE SURETY COMPANY UPON THE FOLLOWING EXPRESS CONDITION.**

Notice of noncompliance with the requirements and applicable provisions of Chapters 21 and 54, Title  
12, Code of Laws of South Carolina, 1976, and amendments thereto, must be delivered to the \_\_\_\_\_

\_\_\_\_\_ Company at its home office \_\_\_\_\_ or its  
duly constituted agents within the city of \_\_\_\_\_, South Carolina.

**THE LIABILITY OF THE SURETY HEREUNDER SHALL TERMINATE:**

A. Sixty (60) days after receipt by the South Carolina Department of Revenue of written notice from the surety of  
its desire to terminate liability.

**AND**

B. Upon receipt of written notice by the surety from the South Carolina Department of Revenue terminating the  
same.

Witnesses as to Principal:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Principal Signature

Witnesses as to Surety:

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_  
Surety Signature

**Affidavits on back must be completed.**

**WITNESS AS TO PRINCIPAL**

**STATE OF SOUTH CAROLINA,**

\_\_\_\_\_ County.

Before me, the subscribing Notary Public, personally appeared \_\_\_\_\_  
Witness number one (see front of bond)  
and made oath that he/she saw the within named \_\_\_\_\_ Company  
Business or Corporation  
represented by \_\_\_\_\_ sign, seal, and deliver the within Bond, and that he/she with  
\_\_\_\_\_ subscribed their names as witness thereto.  
Witness number two (see front of bond)

Sworn to and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_  
A. D., year of \_\_\_\_\_.

\_\_\_\_\_  
To be signed by witness one (see front of bond)  
\_\_\_\_\_  
Notary Public (L.S.)

**WITNESS AS TO SURETY**

**STATE OF SOUTH CAROLINA,**

\_\_\_\_\_ County.

Before me, the subscribing Notary Public, personally appeared \_\_\_\_\_  
Witness number three (see front of bond)  
and made oath that he/she saw the within named \_\_\_\_\_ Company  
Name of Bond or Insurance Company  
represented by \_\_\_\_\_ sign, seal, and deliver the within Bond, and that he/she with  
\_\_\_\_\_ subscribed their names as witness thereto.  
Witness number four (see front of bond)

Sworn to and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_  
A. D., year of \_\_\_\_\_.

\_\_\_\_\_  
To be signed by witness three (see front of bond)  
\_\_\_\_\_  
Notary Public (L.S.)

Forward properly completed bond to:

South Carolina Department of Revenue  
Miscellaneous Tax Section  
P.O. Box 125  
Columbia, SC 29214

## 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	\$
<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 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**  
**2424 W. Missouri AVE**                      **Local (602) 749-0702**  
**Phoenix, AZ 85015**                              **Fax: (602) 674-8235**  
**E-Mail SAM@WWISINC.COM**