

# South Dakota Department of Revenue Uniform Surety Bond

South Dakota Department of Revenue

445 E. Capitol Ave | Pierre, SD 57501-3185 | 1-800-TAX-9188

Revised 08/08

## Principal/Applicant Information - Type or print ALL information listed.

Applicant name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_

## Surety/Security Information:

Legal name of surety company: \_\_\_\_\_

Mailing address (Mailing address is where claims and correspondence are to be sent): \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip, County \_\_\_\_\_

## Bond Citation

### Know All Men By These Presents:

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

The applicant as Principal and the named surety company as Surety, duly authorized and qualified to do business as a surety company in the state of South Dakota, are held firmly bound to the State of South Dakota to secure the performance of the duties of the Principal under the license being applied for, with reference to the payment of taxes, penalties and interest that may become due, in the sum of \_\_\_\_\_, lawful money of the United States of America, payable at Pierre, South Dakota, and for the payment of which we bind ourselves, our heirs, personal representative, and assigns jointly and severally.

PROVIDED, that the Surety, for consideration received, hereby stipulates and agrees that no change, extension of time, or alteration of the requirements for timely filing or payment of the taxes, penalties and interest described herein shall in any manner affect its obligation on this Bond. The Surety hereby does waive notice of any such change, extension of time, or alteration of the requirements for timely filing or payment of the taxes, penalties and interest described herein.

The Principal is making application for one of the following licenses or renewal of one of the following licenses (mark one):

- sales tax licensee or use tax licensee (SDCL 10-45 or SDCL 10-46)
- contractors' excise tax license (SDCL 10-46A or SDCL 10-46B)
- motor fuel dealer (gasoline, etc. SDCL 10-47B-74)
- special fuel bulk purchaser, distributor or aviation fuel dealer (diesel, etc. SDCL 10-47B-74)
- interstate fuel user (SDCL 10-47B-174)
- cigarette distributor (SDCL 10-50)
- bonded warehouse (SDCL 35-4-45)
- liquor wholesaler or beer distributor (SDCL 35-5)

The principal and the surety are bound by the statutes and rules that apply for the particular license applied for as indicated above.

The principal shall, during the period beginning on the date this instrument is executed and continuing for each successive year or until the bond is cancelled as provided herein, faithfully perform all the duties and obligations imposed by law including the prompt making or filing of all reports or returns and payment of all taxes, penalty, and interest as provided by law as such reports, returns or payments become due; and the maintenance of all records and the making of the same available to the officers and employees of the State of South Dakota without expense to the state. This bond is continuous from the date of execution and is extended from calendar year to calendar year. It constitutes a new and separate obligation in the amount named above for each calendar year while the bond is in force.

The bond may be cancelled by the Surety as to future liability by giving written notice by certified mail to the principal and to the Department of Revenue at Pierre, South Dakota and sixty days (unless a different period is indicated in the applicable statute) after the receipt of said notice by the Department of Revenue this bond is null and void as to any liability arising thereafter; however, the Surety remains liable for all terms and conditions of this bond for all acts or occurrences prior to the date of notice plus the above time period.

By securing this bond the Principal consents to the release of returns or return information to the Surety if it becomes necessary to make a claim upon the bond.

Signed and Sealed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**INDIVIDUAL PRINCIPAL**

By \_\_\_\_\_ Typed Name \_\_\_\_\_  
.....\*Chk Seal if available+

**PARTNERSHIP OR CORPORATE PRINCIPAL**

By \_\_\_\_\_ Typed Name \_\_\_\_\_  
Title \_\_\_\_\_ Business Name \_\_\_\_\_  
.....\*Chk Corporate Seal if available+ ..... Cddressaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

**OTHER ENTITIES (L.L.C. & L.L.P) PRINCIPAL**

By \_\_\_\_\_ Typed Name \_\_\_\_\_  
Title \_\_\_\_\_ Business Name \_\_\_\_\_  
.....\*Chk Seal if available+ ..... Cddressaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

**ACKNOWLEDGMENT OF PRINCIPAL  
(Individual)**

State of \_\_\_\_\_ )  
) ss  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_,  
known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he  
executed the same.

\_\_\_\_\_  
Notary Public  
My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**ACKNOWLEDGMENT OF PRINCIPAL  
(Partnership)**

State of \_\_\_\_\_ )  
) ss  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_,  
who acknowledged himself to be one of the partners of \_\_\_\_\_, a partnership, and that he, as  
such partner, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name  
of the partnership by himself as a partner.

\_\_\_\_\_  
Notary Public  
My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**ACKNOWLEDGEMENT OF PRINCIPAL**

**(Cq'pq'atiqp)**

State of \_\_\_\_\_ )  
 ) ss  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_, who acknowledged himself to be the \_\_\_\_\_ of \_\_\_\_\_, a corporation, and that he, as such \_\_\_\_\_ being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**ACKNOWLEDGEMENT OF PRINCIPAL**

**(Other Entity / L.L.C & L.L.P.)**

State of \_\_\_\_\_ )  
 ) ss  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_, who acknowledged himself to be the \_\_\_\_\_ of \_\_\_\_\_, a L.L.C or L.L.P. , and that he, as such \_\_\_\_\_ being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the L.L.C. or L.L.P. by himself as \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**INDIVIDUAL PARTNERSHIP OR CORPORATE SURET**

By \_\_\_\_\_  
Title \_\_\_\_\_

Typed Name \_\_\_\_\_  
Business Name \_\_\_\_\_

\*CHkz"Eqtr grate Seal if available+

Address \_\_\_\_\_

Countersigned by \_\_\_\_\_  
South Dakota Resident Agent

Typed Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

**ACKNOWLEDGMENT OF SURET[  
(Corporate Officer)**

State of \_\_\_\_\_ )  
 ) ss  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a Notary Public in and for said County, personally appeared \_\_\_\_\_ personally known to me, who being by me duly sworn, did say that he is the aforesaid officer of the aaaaaaaaaaaaaaaaaaaaaa of aaaaaa \_\_\_\_\_, a corporation duly organized and existing under the laws of the State of \_\_\_\_\_ hat the seal affixed to the foregoing instrument is the corporate seal of said corporation, that the said instrument was signed, sealed and executed in behalf of said corporation by authority of its Board of Directors, and further acknowledges that the said instrument and the execution thereof to be the voluntary act and deed of said corporation.

RP "Y KVP GUU"Y J GTGQH, have hereunto subscribed by name and affized by offieial seal at \_\_\_\_\_, the day and year last above written.

\_\_\_\_\_  
Notary Public

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**ACKNOWLEDGMENT OF SURET[  
(Attq[ne{/In/Faev)**

State of \_\_\_\_\_ )  
 ) ss  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_, known to me or satisfactorily proven to the person whose name is subscribed as attorney-in-fact for \_\_\_\_\_ and acknowledged that he executed the same as the act of his principal for the purpose therein contained.

RP Y KVP GUUY J GTGQH , hereunto subscribed my name and affized my offieial seal at \_\_\_\_\_, the day and year last above written.

\_\_\_\_\_  
Notary Public

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

## 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**