

Continuous Bond - Mixed Beverage Gross Receipts Tax

Bond number (For SURETY company use)	Bond amount
--------------------------------------	-------------

Name of PRINCIPAL (Legal entity name only)	Texas taxpayer number
--	-----------------------

Name of SURETY company (Duly authorized to do business as a surety company in the State of Texas)

SURETY company mailing address (For billing purposes)	Federal employer identification number of SURETY company
---	--

We, the PRINCIPAL and SURETY named above, our heirs, executors, successors and assigns, jointly and severally, are liable to the STATE OF TEXAS, payable through the Comptroller of Public Accounts, at Austin, Travis County, Texas, for the amount of bond shown, subject to the following terms and conditions. The SURETY acknowledges that it is duly authorized and qualified to do business as a surety company in the State of Texas.

This bond is predicated upon the PRINCIPAL being issued or having applied for a permit required by the Alcoholic Beverage Code. This bond is required in accordance with Chapters 151 and 183, Texas Tax Code.

If the bonded PRINCIPAL complies with all the provisions of the statutes relating to transactions occurring on or after _____, 20____, and pays all taxes, interest, penalties and costs accruing against the PRINCIPAL as required by Chapters 151 and 183, Texas Tax Code then this obligation shall be null and void. Otherwise, the obligation of the SURETY under this bond remains in full force and effect.

This bond may be terminated and the SURETY relieved from further liability 30 days after the date on which the Comptroller of Public Accounts receives written notice of the SURETY'S withdrawal as SURETY on this bond. The SURETY will not be relieved of liability for transactions that occurred before the termination of this bond. Neither recovery on this bond, the execution of any new bond, the demand by the Comptroller for additional bond, or the renewal of a license of the PRINCIPAL will invalidate this or any other bond given to the Comptroller of Public Accounts.

If the PRINCIPAL fails to comply with the conditions and obligations of this bond and/or the requirements of the Texas Tax Code, then the State of Texas may sue on and enforce the obligations of this bond without first resorting to or exhausting its remedies against the property and assets of the PRINCIPAL and without making the PRINCIPAL a party to the suit. Venue for such action is in Travis County, Texas.

This bond is continuous in form from the effective date and will be automatically extended from calendar year to calendar year. It constitutes a new and separate obligation, in the amount specified, for each calendar year while the bond is in force. For the purposes of this bond, calendar year is defined as the period of January 1 through December 31.

The PRINCIPAL authorizes the Comptroller of Public Accounts to provide the SURETY documentation in support of any claims on this bond, including taxpayer information otherwise treated as confidential under the Texas Tax Code.

Signed this _____ day of _____, _____ by the PRINCIPAL or PRINCIPALS or by the authorized corporate officers and the corporate seal affixed.

PRINCIPAL authorized agent	Title
----------------------------	-------

(PRINCIPAL corporate seal)

sign here ▶

PRINCIPAL authorized agent	Title
----------------------------	-------

sign here ▶

Signed this _____ day of _____, _____, by the SURETY'S duly authorized officer and the corporate seal affixed.

SURETY authorized agent	Title
-------------------------	-------

(SURETY corporate seal)

sign here ▶

(Legal citations: TEX. TAX CODE ANN. chs. 151 and 183)

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 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail SAM@WWISINC.COM	Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235
---	---