

CITY OF HAMPTON

MEAL TAX BOND
(INDIVIDUAL & PARTNERSHIP)

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS, That we, _____

as Principal(s) and _____,
a corporation duly organized and existing under the laws of the State of _____, and authorized to do business
in the Commonwealth of Virginia, as Surety, are held and firmly bound unto the City of Hampton, a municipal corporation in
the Commonwealth of Virginia, in the sum of _____, lawful money of the United States of America, for the
payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and
assigns, jointly and severally, firmly by these presents; and the said Principal(s) hereby waive(s) the benefit of the Homestead
Exemption as to this obligation.

The condition of this obligation is such that if the said Principal, who intend(s) to engage in the business of selling food for
refreshment or nourishment, liquid or otherwise, including alcoholic beverages, in the City of Hampton, Virginia, register(s)
with the Commissioner of the Revenue of said City, keep(s) adequate records, file(s) reports in such form and at such times as
may be prescribed by the Commissioner of the Revenue of said City, and make(s) proper payment to the City of Hampton of
the taxes imposed by Section §37-227 of the Hampton City Code, (Meal Taxes), then this obligation shall be void and of no
effect; otherwise it shall remain in full force and effect.

Right to Terminate. The Surety shall have the right to terminate its liability hereunder at any time by giving notice to the
Principal and stating therein the effective date of such termination, which date shall not be less than thirty (30) days after the
receipt of said notice by the Principal. Such notice shall not limit or terminate this agreement in respect to any indebtedness,
which arises prior to the effective date of such termination by the Surety.

IN WITNESS WHEREOF, on this the _____ day of _____, 20____, the said Principal (s) has/have hereunto
affixed their hand(s) and seal(s), and the said Surety has caused these presents to be executed on its behalf and its corporate
seal] to be affixed and properly attested.

WITNESS: (NAME & ADDRESS)

(Principal) (SEAL)

(Principal) (SEAL)

(Principal) (SEAL)

(SEAL) _____
(Address)

ATTEST: _____
(Surety)

By: _____

Countersigned by:

Resident Virginia Agent

Approved as to from:

Assistant City Attorney

Approved at to surety:

Commissioner of the Revenue

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
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