

City Atty.

Bond # _____

Meal Tax Bond
(Corporation)

KNOW ALL MEN BY THESE PRESENTS, that, _____
a corporation duly organized and existing under the laws of the State of _____
_____, and authorized to do business in the Commonwealth of Virginia, as
Principal, 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 Norfolk, a municipal corporation chartered under the
laws of the Commonwealth of Virginia, in the sum of _____
_____, lawful currency of the United States of America, for payment
of which sum well and truly to be made, we bind ourselves, our successors and
assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such that if the said Principal, who intends to
engage in the business of selling food, which shall include beverages, alcoholic or
both, for refreshment or nourishment, liquid or otherwise; in the City of Norfolk,
Virginia, registers with the Commissioner of the Revenue of said City, keeps preserves
adequate records for a period of five years, files reports in such form and at such times
as may be prescribed by the Commissioner of the Revenue of said City, and makes
proper payment to the City of Norfolk of the taxes imposed; and otherwise fully and
completely complies with Chapter 24, Article VII, §§ 24-252, et seq. of the Norfolk City
Code, 1979, as amended, then this obligation shall be void and of no effect, otherwise
it shall remain in full force and effect.

IN WITNESS WHEREOF, on this the _____ day of _____, 20____,
the said Principal has caused these presents to be executed on its behalf by
_____, its President, and its corporate seal to be affixed hereto and
attested by _____, its Secretary, and the said
Surety has caused these presents to be executed on its behalf and its corporate seal to
be affixed hereto and attested by _____,
its Attorney-in-Fact, duly authorized by a Power of Attorney, which has been recorded
in the Clerk's Office of the Circuit Court of the City of Norfolk, or a copy of which is
attached hereto.

(SEAL) _____
(Principal)
ATTEST: By _____
(Its President)

(Secretary) _____
(Address)

(SEAL) _____
ATTEST: _____
(Surety)

Attorney-in-Fact VALERIE ABER

Approved as to Surety: _____

Countersigned by: _____
Resident Virginia Agent

Commissioner of the Revenue

Approved as to form: _____
Deputy City Attorney

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 **Toll Free: (888) 518-8011**
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