



**MEAL TAX BOND**

Bond No. \_\_\_\_\_

(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 Portsmouth, 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 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 or drink, including alcoholic beverages, for consumption, in the City of Portsmouth, registers with the Commissioner of the Revenue of said City, keeps adequate records, 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 Portsmouth of the taxes imposed by §35-407 of the Portsmouth City Code, then this obligation shall be void and of no effect; otherwise it shall remain in full force and effect.

Should the Surety wish to terminate its liability hereunder, it must give notice to the Principal and the Commissioner of the Revenue stating the effective date of such termination, which date shall not be less than sixty (60) days after the receipt of said notice by both the Principal and the Commissioner of the Revenue. Such notice shall not limit or terminate this agreement in respect to any indebtedness that arises prior to the effective date of such termination by the Surety.

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 affixed hereto and attested by \_\_\_\_\_, its Secretary, and the said Surety has caused these presents to be executed on its behalf and corporate seal 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 Portsmouth, or a copy of which is attached hereto.

\_\_\_\_\_  
(Principal)

\_\_\_\_\_  
(Surety)

By: \_\_\_\_\_  
(President) (Seal)

By: \_\_\_\_\_  
(Attorney-in-Fact) (Seal)

\_\_\_\_\_  
(Address)

By: \_\_\_\_\_  
(Virginia Agent) (Seal)

\_\_\_\_\_  
(Secretary) (Seal)

Approved as to Form:  
\_\_\_\_\_  
City Attorney)

Approved as to Surety:  
\_\_\_\_\_  
(Commissioner of the Revenue)

**Franklin D. Edmondson • Commissioner of the Revenue**  
**Office of the Commissioner of the Revenue**  
801 Crawford Street • Portsmouth, VA 23704 • (757)393-8779 • Fax (757) 393-8604

## 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**