



WASHINGTON STATE LIQUOR CONTROL BOARD

BOND NO. \_\_\_\_\_

**SURETY BOND FOR HOLDER OF BEER WHOLESALER'S LICENSE**

KNOW ALL MEN BY THESE PRESENTS, That we,

\_\_\_\_\_  
(Principal/Licensee) (DBA)

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

as Principal, and

\_\_\_\_\_  
(Name of Surety)

a \_\_\_\_\_ corporation duly authorized to transact surety business in the State of  
(Name of State)

Washington, as Surety, are held and firmly bound unto the Washington State Liquor Control Board, in the sum of

\_\_\_\_\_ Dollars (\$ \_\_\_\_\_), lawful money of the  
(Amount of Bond)

United States, for the payment of which, we, and each of us, bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, That, whereas, the above Principal, has been issued or intends to apply for a Beer Wholesaler's License under RCW 66.24.250, and whereas, RCW 66.24.290 and WAC 314-19-015(2) of the Regulations of the Washington State Liquor Control Board require the holder of such Beer Wholesaler's License to pay to the said Board the tax levied by virtue of RCW 66.24.290 for the privilege of purchasing such wine within the State of Washington, and whereas, under the regulations made by the said Washington State Liquor Control Board it is required that the holder of a Beer Wholesaler's License issued by said Board have in effect and on file with said Board a surety bond securing the payment of any taxes, which may under said act or regulations be levied against said Principal;

NOW, THEREFORE, if the above Principal shall pay all taxes which may, under the provisions of RCW 66.24.290 be levied or assessed against said Principal, then this obligation shall be null and void, otherwise to be and remain in full force and effect: Provided, however, That the Surety named herein may cancel this bond upon the giving of thirty (30) days written notice to the Washington State Liquor Control Board and to the above Principal of its intention so to do, and thereafter the said Surety shall be released and discharged from any and all liability to the Washington State Liquor Control Board accruing on or under this bond except as to such liability of the Principal as may have accrued prior to the expiration of said thirty (30) days.

Regardless of the number of years this bond remains in force, the aggregate liability of the Surety for any and all claims shall in no event exceed the penal sum of the bond

Effective Date: \_\_\_\_\_

SIGNED, SEALED AND DATED, This \_\_\_\_\_ day of \_\_\_\_\_

By \_\_\_\_\_ (Surety) By \_\_\_\_\_ (Principal)  
\_\_\_\_\_  
(Title) (Title)

Bond forms change; this is for educational purposes only.

## 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**