

ALCOHOL BEVERAGE CONTROL BOND

THIS BOND MAY BE USED BY AN ASSOCIATION OR CORPORATION

KNOW ALL MEN BY THESE PRESENTS:

That WE, _____

of _____ County, West Virginia, _____

ASSOCIATION

doing business under the firm name

CORPORATION

of _____

as principal, and _____, a corporation authorized to do business in the State of West Virginia, as surety, are held and firmly bound unto the STATE OF WEST VIRGINIA in the full and just sum of Five Thousand Dollars (\$5,000.00), to the payment whereof well and truly to be made, we bind ourselves, our successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION of the above obligation is such that whereas the above bound principal is about to obtain a license in pursuance of the provisions of Article 7, Chapter 60 of the Code of West Virginia, of 1931, as amended and regulations promulgated thereunder by the Commissioner, a LICENSE TO OPERATE A PRIVATE CLUB on the premises described in the application for such license.

NOW, THEREFORE, if the said principal shall faithfully observe the laws of the State of West Virginia, and regulations promulgated thereunder by the Commissioner with respect to the distribution, sale and dispensing of alcoholic liquors, and the operation of a private club, then this obligation to be void; otherwise to remain in full force and effect, and if the license of said principal shall be revoked, then the full amount of this bond shall be forfeited to the State of West Virginia, and said amount when received by the State shall be credited to the state fund, general revenue.

This bond is executed in pursuance of the provisions of said Article 7, Chapter 60 of the Code of West Virginia, of 1931, as amended, and regulations promulgated thereunder by the Commissioner, and the pertinent provisions of said article and regulations are hereby made a part of this bond.

ASSOCIATION APPLICANTS EXECUTE BELOW

IN WITNESS WHEREOF, each owner/member of the principal has hereunto set his hand and affixed his seal, and the said surety has caused its corporate name to be signed hereto and its corporate seal to be hereunto affixed by its official or agent thereunto duly authorized, and this bond is to be effective from the _____ day of _____, _____, to the 30th day of June, _____, unless sooner released by the State of West Virginia or cancelled by the surety after due notice to all parties concerned.

Signed and dated this _____ day of _____, _____

ALL OWNERS MUST SIGN AS PRINCIPALS

PRINCIPAL _____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

SURETY _____ (SEAL)

SURETY CORPORATE SEAL

BY _____

ITS _____ (TITLE)

COUNTERSIGNED BY: _____

WEST VIRGINIA RESIDENT AGENT OF SURETY

CORPORATION APPLICANTS EXECUTE BELOW

IN WITNESS WHEREOF, the said principal and the said surety have caused their respective corporate names to be signed hereto and their respective corporate seals to be hereunto affixed by their respective officials or agent thereunto duly authorized, and this bond is to be effective from the _____ day of _____, _____, to the 30th day of June, _____, unless sooner released by the State of West Virginia or cancelled by the surety after due notice to all parties concerned.

Signed and dated this _____ day of _____, _____

PRINCIPAL CORPORATE SEAL

PRINCIPAL _____ (Seal)

BY _____ (Seal)

SURETY _____ (Seal)

SURETY CORPORATE SEAL

BY _____

ITS _____ (Title)

ASSOCIATION ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,
COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing above, or hereto annexed, for _____, an association, on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said association.

Given under my hand this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires on the ___ day of _____, _____.

CORPORATIONS - CORPORATION ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,
COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing above, or hereto annexed, for _____, a corporation, on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said corporation.

Given under my hand this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires on the ___ day of _____, _____.

BONDING COMPANY - CORPORATE ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,
COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing above, or hereto annexed, for _____, a corporation, on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said corporation.

Given under my hand this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires on the ___ day of _____, _____.

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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