

STATE OF KANSAS

ALCOHOLIC BEVERAGE CONTROL
109 SW 9th STREET
P.O. BOX 3506
TOPEKA KS 66601-3506



DEPARTMENT OF REVENUE
PHONE: 785-296-7015
FAX: 785-296-7185
www.ksrevenue.org/abc.html

SURETY BOND
FOR LIQUOR LICENSES ISSUED UNDER THE LIQUOR CONTROL ACT
Pursuant to K.S.A. 41-317

KNOW ALL MEN BY THESE PRESENTS: That we _____
(Principal)
of the City of _____, County of _____, State of _____ as
Principal, and _____, a corporation organized and existing under and by
(Surety)
virtue of the laws of the State of _____, duly licensed to do business in the State of Kansas, as
surety are held and firmly bound unto the Director of the Alcoholic Beverage Control Division for and on behalf of the State
of Kansas in the penal sum of \$_____ Dollars for the payment of which each of us, do bind
ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally.

WHEREAS, the Principal has applied for or has been licensed by the Director of the Alcoholic Beverage Control Division
of the State of Kansas as a: Retailer Beer Distributor Spirits Distributor Wine Distributor
Farm Winery Microbrewery Microdistillery Manufacturer Non-Beverage User Special Order Shipping

NOW, THEREFORE, if the said Principal shall faithfully comply with the provisions of the Kansas Liquor Control Act and
the rules and regulations of the Director of the Alcoholic Beverage Control Division in all respects, and shall promptly pay all
fees, fines and taxes which may be assessed, then this obligation shall be null and void, otherwise to remain in full force and
effect. Such principle hereby authorizes employees of the Kansas Department of Revenue to disclose to the surety herein
a statement of account relating to the tax guaranteed by this bond.

This bond shall be effective on and after the _____ day of _____, _____, unless
(Day) (Month) (Year)
cancellation of such bond is approved by the Director of the Alcoholic Beverage Control Division, Department of Revenue,
after having been given thirty (30) day notice by the principal and surety.

Witness our hands at _____, _____, this _____ day of _____, _____.
(City) (State) (Day) (Month) (Year)

SURETY COMPANY (please print)

Signature of Attorney-in-Fact* for Surety Company:

Attorney-in-Fact Name:

Attorney-in-Fact Phone Number:

Surety Company Name:

Surety Company Mailing Address:

Surety Company Phone Number:

BOND NUMBER:

PRINCIPAL (please print)

Signature of Principal or Agent:

Title:

Name:

Mailing Address:

Phone Number:

Check Entity Type: Individual Corporation Partnership LLC LLP Trust Government Other

For ABC Office Use Only

| | | | | |
|--------------------|-----------------|--|-------|-----------------|
| License Number(s): | Rep's Initials: | <input type="checkbox"/> Bond Released | Date: | Rep's Initials: |
| FEIN: | Date: | <input type="checkbox"/> Bond Demand | Date: | Rep's Initials: |

*K.A.R. 14-17-1 Bond must be accompanied by power of attorney for Attorney-in-Fact.