KANSAS DEPARTMENT OF REVENUE
ALCOHOLIC BEVERAGE CONTROL DIVISION
915 SW Harrison Street, Room 214
Topeka, Kansas 66625-3512
Telephone 785-296-7015 Fax 785-296-7185

ESCROW 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 _____ and _____ do hereby enter into
(Depositor) (Escrow Agent)
this agreement in compliance with K.S.A. 41-317(b) and K.A.R. 14-7-4.

WHEREAS, the Depositor 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 ☐ Manufacturer ☐ Non-Beverage User ☐ Special Order Shipping.

Depositor agrees to purchase and deliver to Escrow Agent a certificate of deposit issued by a Kansas bank or savings and loan association in the amount of $_____, which is the amount established by Kansas law as the required bond. Depositor shall not assign, transfer, alienate, pledge as security for any loan, or otherwise encumber the certificate during the period of this agreement.

Escrow Agent acknowledges receipt of the certificate of deposit numbered _____ and shall not return said certificate to Depositor nor permit said certificate to be assigned, transferred, alienated, pledged, or otherwise encumbered during the period of this agreement except as provided below. Escrow Agent shall remit interest on the certificate annually to Depositor.

Upon written demand from the Director of the Alcoholic Beverage Control, should Depositor default in payment of any fees, fines or taxes to the Kansas Department of Revenue, Escrow Agent shall remit the value of the certificate and any unpaid interest accrued through the date of notification to the Alcoholic Beverage Control. Upon remittance, this agreement shall be deemed terminated.

Upon written notice from the Director of the Alcoholic Beverage Control that a bond is no longer required for Depositor, Escrow Agent shall release the certificate to Depositor. This agreement shall terminate upon such release.

Nothing in this agreement shall be construed to increase Escrow Agent's liability beyond the amount of the certificate and the express provisions of this agreement.

This bond shall be effective on and after the _____ day of _____, _____, unless
(Day) (Month) (Year)
terminated as specified above.
Witness our hands at _____, _____, this _____ day of _____, _____.
(City) (State) (Day) (Month) (Year)

ESCROW AGENT (please print)	
Signature of Escrow Agent	
Escrow Agent's Name	
Mailing Address	
Area Code and Phone Number	

DEPOSITOR or AGENT (please print)	
Signature of Depositor or Agent	
Title of Depositor	
Depositor or Agent Name	
Mailing Address	
Area Code and Phone Number	

NOTARY

Subscribed and sworn to before me this _____ day of _____, _____

_____
Notary Public

My commission expires: _____

For ABC Office Use Only

License Number(s):	Rep's Initials:	☐ Bond Demand ☐ Amount $	Date:	Rep's Initials:
FEIN:	Date:	☐ Bond Release	Date:	Rep's Initials:

Clear Form