



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 _____,
 (Surety)
 a corporation organized and existing under and by
 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 Producer

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:

Print Name of Signature Above:

Mailing Address:

Phone Number:

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

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: