



Kansas Department of Revenue
 Alcoholic Beverage Control Division
 915 S.W. Harrison Street, Room 214
 Topeka, KS 66625-3512
 Phone: 785-296-7015 Fax: 866-855-5025

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
 _____ (Surety)
 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

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 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 principal 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 is 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) days notice by the principal and surety.

Witness our hands at _____, this _____ day of _____, _____.
 (Location) (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.
 ABC-804 (Rev. 8.1.12)