

UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
1625 S 900 W • PO Box 30408 • Salt Lake City, UT 84130-0408 • Phone (801) 977-6800 • Fax (801) 977-6889

õNKO KVGf 'T GUVcWT CP V'DQPF ö

DQPF '% _____

MPQY 'CNN'RGTUQP'UD['VJ GUG'RT'GUGP VU<

That **Rt lpekr cn** _____ aa _____, "a limited restaurant licensee, doing business as _____, and **Uwt gv{**, _____, a corporation organized and existing under the laws of the state of _____ and authorized to do business in Utah, are held and bound unto the Utah Department of Alcoholic Beverage Control in the sum of **\$7,222.** for which payment will be made, we hereby bind ourselves and our representatives, assigns, and successors firmly by these presents.

Dated this _____ day of _____, _____.

VJ G'EQPF KVKQP 'QH'VJ KUQDNK CVKQP 'KUWEJ 'VJ CV<

WHEREAS, the above principal has made application to the Utah Alcoholic Beverage Control Commission for a limited restaurant license pursuant to the provisions of 32B-5-204, Utah Code.

NOW, THEREFORE, if said principal, its officers, agents and employees shall faithfully comply with the provisions of Title 32B, Utah Code, and the rules and directives of the Utah Alcoholic Beverage Control Commission and the Utah Department of Alcoholic Beverage Control, then this bond shall be void; but, if said principal, its officers, agents and employees fail to comply with the provisions of the laws, rules and directives or orders as the commission or department may issue, then this bond shall be in full force and effect and payable to the Utah Department of Alcoholic Beverage Control. This bond shall run for a continuing term effective _____ unless canceled by service of written notice upon the Utah Department of Alcoholic Beverage Control, which cancellation shall be effective 30 days after receipt of such notice; provided however, that no part of this bond shall be withdrawn or canceled while violations, legal actions or proceedings are pending against said licensee / principal.

Uwt gv{

Attorney in fact

{ Corporate Seal }

Rt lpekr criT'Nlegpugg

Authorized signature

Name / Title

UVCVWQT['CHH' CXK'HQT'EQTRQTCVG'UWIGV["

STATE OF: _____

COUNTY OF: _____

On the _____ day of _____, _____, personally appeared before me, _____, who, being by me duly sworn, did say that he / she is the attorney in fact of _____, **Uwtgv**, and that said instrument was signed in behalf of said surety by authority, and acknowledged to me that he / she as such attorney in fact executed the same.

""P qvct { 'Rwdile'Ui pcvwt g'('Seal

Note: Corporate surety's own affidavit also acceptable

Surety Solutions, LLC