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ESCROW BOND FOR LIQUOR LICENSES ISSUED UNDER THE LIQUOR CONTROL ACT Pursuant to K.S.A. 41-317								
That we(Deposit	a	nd	(-		_do hereby enter in	to		
Deposit) this agreement in compliance w								
WHEREAS, the Depositor ha of Kansas as a: Retaile	s applied for or has b r □Beer Dist	been licensed l ributor □Sr	by the Director opirits Distributor	□Win	c Beverage Control ne Distributor ecial Order Shipping	□Farm Winerv		
Depositor agrees to purchas association in the amount of \$_ shall not assign, transfer, alien agreement.	ate, pledge as secu	, which is the irity for any lo	e amount establi an, or otherwis	ished by Kans e encumber f	as law as the requi the certificate durin	red bond. Depositor ig the period of this		
Escrow Agent acknowledges certificate to Depositor nor perr period of this agreement except Upon written demand from the taxes to the Kansas Department the date of notification to the Alo Upon written notice from the shall release the certificate to D	nit said certificate to as provided below. The Director of the Alc of Revenue, Escrow coholic Beverage Cor Director of the Alcoho epositor. This agree	be assigned, i Escrow agent coholic Beverag Agent shall ren ntrol. Upon rer olic Beverage ment shall tern	transferred, alie shall remit intero ge Control, shou mit the value of t nittance, this ag Control that a bo ninate upon suc	nated, pledge est on the cert uld Depositor the certificate a preement shall ond is no long h release.	d, or otherwise end ifficate annually to I default in payment and any unpaid inte be deemed termina er required for Depo	cumbered during the Depositor. of any fees, fines or rest accrued through ated. Disitor, Escrow Agent		
Nothing in this agreement sha	all be construed to in	crease Escrow	v Agent's liability	beyond the a	mount of the certific	cate and the express		
provisions of this agreement. This bond shall be effective of	n and after the		dav of			. unless		
This bond shall be effective of		(Day)	_ ,	(Month)	(Year)			
Witness our hands at			, this	day of		, .		
terminated as specified above. Witness our hands at	(City)	(State)	(Day)		(Month)	(Year)		
			ENT (please print					
Signature of Escrow Agent								
Escrow Agent's Name								
Mailing Address								
Area Code and Phone Number								
	DE	POSITOR or	AGENT (please p	rint)				
Signature of Depositor or Agent								
Title of Depositor								
Print Name of Signature Above								
Mailing Address								
Area Code and Phone Number								
NOTARY								
Subscribed and sworn to before me th	isda	y of	,					
			Public			Notary		
My commission expires:								
		ABC Offic	ce Use Only					

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:				