

Alcoholic Beverage Control  
109 SW 9<sup>th</sup> Street, 5<sup>th</sup> Floor  
PO Box 3506  
Topeka KS 66601-3506



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[www.ksrevenue.gov/abc.html](http://www.ksrevenue.gov/abc.html)

**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 under and by  
(Surety)  
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: |