

STATE OF ARKANSAS
DEPARTMENT OF FINANCE AND ADMINISTRATION
REVENUE DIVISION
CIGARETTE STAMP DEPUTY BOND

BOND NUMBER: _____

We, _____, Stamp Deputy for _____
(Stamp Deputy) (Name of Wholesaler)

Of _____
(ADDRESS, CITY, STATE, ZIP)

Principal, and _____ a corporation duly qualified and authorized to act as sole surety on bond or undertakings in the State of Arkansas, as Surety, acknowledge our indebtedness to the State of Arkansas in the penal sum of _____ Dollars (\$ _____) for the payment of which we hereby obligate and bind ourselves and our respective legal representatives successors and assigns, jointly, and severally.

The principal has applied to the Commissioner of Revenue of the State of Arkansas to be licensed as a Cigarette Stamp Deputy, under Arkansas Code Ann. § 26-57-201 Et. Seq.

This bond is conditioned upon the faithful performance by the Principal of all duties and obligations imposed upon cigarette wholesalers and stamp deputies, or owners or officers thereof, by the Arkansas Tobacco Products Act, the Arkansas Unfair Cigarette Sales Act, Rules and Regulations of the Commissioner of Revenue, including but not limited to the collection and remittance to the State of Arkansas of all taxes on tobacco products imposed upon the Principal by law, and the protection and proper disposition of all cigarette stamps issued to the Principal by the Commissioner of Revenue, Under such condition this obligation shall be null and void. Upon breach of such condition this bond shall be in full force and effect.

The Commissioner of Revenue shall notify the Surety immediately upon determination of the amount of any loss incurred by the State of Arkansas as a result of the Principal's breach or the aforesaid condition. This obligation may be cancelled by either the Principal or the Surety upon sixty (60) days written notice to the Commissioner of Revenue of such intention to cancel.

This bond is executed pursuant to Arkansas Code Ann. § 26-57-201 Et. Seq. and is intended to comply with all the requirements of said Code.

In witness whereof, the undersigned parties have executed the bond at _____

On this _____ day of _____ 20 _____.

(SIGNATURE OF PRINCIPAL)

SIGNATURE OF PRINCIPAL SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20 _____

MY COMMISSION EXPIRES _____.

(NOTARY PUBLIC)

(SURETY COMPANY)

(SIGNATURE OF ATTORNEY IN FACT)