BOND NO.	BOND NO.
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A-133: SURETY BOND

I/we			of		as
	(Legal Name)			(City and State)	
Principal, and			of		as a
corporation duly licen	(Surety)		e in the State of Wis	(City and State) consin, as a Surety, are he	ald and firmly
	sin Department of Reve			•	payment we
	•				. ,
		•		nd assigns jointly and seve	•
	_			or has obtained, a permit	
_				, or 139, of the Wisconsin	
•		•		e Wisconsin Department of	Revenue for
security for payment of	of taxes imposed under	those chapters			
The Principal sha	Il fully comply with all of	f the provisions of	of the Wisconsin Stat	utes indicated above, and	pay all taxes,
nterest, and penalties	s promptly when due, in	cluding taxes, in	terest, and penalties	now due and those which	may become
due, then this obligati	on shall be null and voi	id, otherwise it s	hall remain in full for	ce and effect.	
If the Principal is	delinquent in the payme	ent of the taxes	imposed under the V	Visconsin Statutes indicate	ed above, the
				taxes, interest, and penal	
Surety.	7, 1	(- /)	,	, , ,	
•	ves the right to withdra	w as such Sure	ety, except for any lia	ability already incurred or	accrued, and
=	_			artment of Revenue; prov	
	•			rom and after the receipt o	
				val shall in any way affect	
	•	•		Statues indicated above,	•
			less of whether or n	ot an assessment for tax o	lue has been
evied before the laps	se of the sixty (60) days				
Check one: (Only on	e tax type per surety bo	and is allowed)			
, ,		ona is anowea).			
ALCOHOL BEVE	ERAGE	CIGA	ARETTE		
TOBACCO/VAPO	OR PRODUCTS	FUE	L	NONRESIDENT EN	TERTAINER*
				t price rounded to the next highes	
				,	, , , , , , , , , , , , , , , , , , , ,
The undersigned Prin	ncipal and Surety have s	signed and seal	ed this bond this	day of	
The anacionghed i ini	orpar and ourcey have t	oigilea ana ocar		(Month)	(Year)
				(Menuly	(100)
(Sig	gnature of Principal)			(Signature of Surety)	
				, ,	
	(Title)			(Title)	
		Corporate			Corpo
(/	Name of Principal)	(Seal)		(Name of Surety)	(Sea
,	,			(
	(Address)			(Address)	
	(71447000)			(71847000)	
(City,	State, and Zip Code)			(City, State, and Zip Code)	
WITNESSED BY:			WITNESSED	BY:	
	(Signature)			(Signature)	
,					
	(Title)			(Title)	
Mail To:					
Alcohol Beverage Bonds	<u>Cigarette, Tobac</u>	co/Vapor Sa	lles and Use Tax Bonds	<u>Entertainer's Bo</u>	nde
"OOLIOI DOVOLAGE DOLIUS	, <u>Olyandlib,</u> IODal	OU VUPUL OF	nes and use rax bullus	, <u>Lincitalli</u> ci 3 DUI	IGO

Division of Alcohol Beverages
Wisconsin Dept of Revenue
PO BOX 8934
Madison WI 53708-8934

Cigarette, Tobacco/Vapor Products, Fuel Tax Bonds Excise Tax Unit Wisconsin Dept of Revenue PO BOX 8900 Madison WI 53708-8900 Sales and Use Tax Bonds
Special Procedures Unit 4-CMP-E
Wisconsin Dept of Revenue PO
BOX 8901
Madison WI 53708-8901

Nonresident Entertainer Program
Wisconsin Dept of Revenue
PO BOX 8965
Madison WI 53708-8965

ACKNOWLEDGMENT BY PRINCIPAL

Complete this section if the Principal is an individual

State of)				
County of	: ss.)				
The foregoing instru	ment was acknowledged befo	re me this	day of	Month	,, Year
by	Principal			Monu	.04.
	(seal)	Notary F My Com	Public, State of		
	Complete this section	n if the Principa	l is a partnership		
State of					
County of	: ss.)				
The foregoing instru	ment was acknowledged befo	re me this	day of	Month	,,
by	Name of advantadation and to			_, partner (or age	nt) on behalf of
	Name of acknowledging partner		_, a partnership.		
		Notary F	Public, State of		
		nmission Expires:			
State of	ction if the Principal is a); ss) ment was acknowledged befo				
	ame of officer/member				
	ame of officer/member				
	alf of the corporation/limited li				
	()	Notary F	Public, State of		
	(seal)	My Com	nmission Expires:		