

# **UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE SERVICES**

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

## **LIMITED RESTAURANT LIQUOR BOND**

BOND # \_\_\_\_\_

### **KNOW ALL PERSONS BY THESE PRESENTS:**

That Principal, \_\_\_\_\_ a limited restaurant liquor licensee, doing business as \_\_\_\_\_, and Surety, \_\_\_\_\_ 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 Services in the sum of **\$5,000**, for which payment will be made, we hereby bind ourselves and our representatives, assigns, and successors firmly by these presents.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

### **THE CONDITION OF THIS OBLIGATION IS SUCH THAT:**

WHEREAS, the above principal has made application to the Utah Alcoholic Beverage Services Commission for a restaurant liquor license pursuant to the provisions of 32B-5-204 and 32B-6-304, 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 Services Commission and the Utah Department of Alcoholic Beverage Services, 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 Services. This bond shall run for a continuing term effective \_\_\_\_\_ unless canceled by service of written notice upon the Utah Department of Alcoholic Beverage Services, 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shall be effective 30 days after receipt of such notice; provided however, that no part of this bond shall be withdrawn or canceled while violations, legal actions or proceedings are pending against said licensee / principal.

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Principal / Licensee

\_\_\_\_\_  
Attorney in fact

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Name / Title

**STATUTORY AFFIDAVIT FOR CORPORATE SURETY**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared before me, \_\_\_\_\_, who, being by me duly sworn, did say that he / she is the attorney in fact of \_\_\_\_\_, Surety, 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.

\_\_\_\_\_  
Notary Public Signature & Seal

Note: Corporate surety's own certificate/affidavit also acceptable