# BDH ASSOCIATES, INC.

4572 Lawrenceville Hwy., Suite 201 Lilburn, GA 30047 (770) 564-2999 or Toll Free (888) 328-0500 Fax: (770) 564-9327

### LIQUOR LICENSE BOND REQUIREMENT

#### ANNUAL PREMIUM: VARIES DEPENDING ON STATE

In order to apply for the above bond, please submit the following information:

- 1. Liquor License Bond Application (Form Attached)
- 2. Original bond form as required by the State
- 3. Copy of Liquor License Application for the State

Please fax or bring all information above to our office for review.

If you have any questions, please feel free to contact our office.

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### APPLICATION FOR LIQUOR LICENSE BOND

		Bond Number			
Licensee's Name					
Corporation's Full Legal Name(including "dba", if applicable)					
Full Business Address	Business AddressCounty				
Phone: Office: ()	_ Fax: (_	)			
Home: ()	_				
Ownership Sole Proprietorship I	Partnership	ooration	LLC Other		
Year Business Started:Year & Sta	te of Incorporation (If	Applicable) _			
List all Owners Name, Home Address, City, State, Zip, Pho	ne	Title	% of Ownership Soc. Sec. No.	Spouse's Name	
Type of Business or Occupation	Estimat Net Wo				
nount of Bond: \$ Date of Bond, 20		Term:			
To Whom is bond given	Address				
(Obligee)					
Has application for this bonds been made to an	nother company?	_ If yes, give 1	particulars:		
How long has applicant been in business under	r current Name and Ov	vnership?		<u> </u>	
Please provi	de a copy of the bond	form to be is	ssued		
Were you referred by your insurance agency?	☐ Yes ☐No				
If yes, name of your insurance agency:					
Other Referral:					