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



Phone: 785-296-7015 Fax: 785-296-7185

www.ksrevenue.gov/abc.html

ESCROW 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		nd		do hereby e	nter into
(Deposite		nd(Esci	ow Agent)		
this agreement in compliance with K.S.A. 41-317(b) and K.A.R. 14-7-4. WHEREAS, the Depositor has applied for or has been licensed by the Director of the Alcoholic Beverage Control Division of the S of Kansas as a: Retailer Beer Distributor Spirits Distributor Wine Distributor Farm Wine Microbrewery Microdistillery Manufacturer Non-Beverage User Special Order Shipping					
Depositor agrees to purchase and deliver to Escrow Agent a certificate of deposit issued by a Kansas bank or savings and loan association in the amount of \$, which is the amount established by Kansas law as the required bond. Depositor shall not assign, transfer, alienate, pledge as security for any loan, or otherwise encumber the certificate during the period of this agreement.					
Escrow Agent acknowledges receipt of the certificate of deposit numbered and shall not return said certificate to Depositor nor permit said certificate to be assigned, transferred, alienated, pledged, or otherwise encumbered during the period of this agreement except as provided below. Escrow agent shall remit interest on the certificate annually to Depositor. Upon written demand from the Director of the Alcoholic Beverage Control, should Depositor default in payment of any fees, fines or taxes to the Kansas Department of Revenue, Escrow Agent shall remit the value of the certificate and any unpaid interest accrued through the date of notification to the Alcoholic Beverage Control. Upon remittance, this agreement shall be deemed terminated. Upon written notice from the Director of the Alcoholic Beverage Control that a bond is no longer required for Depositor, Escrow Agent shall release the certificate to Depositor. This agreement shall terminate upon such release. Nothing in this agreement shall be construed to increase Escrow Agent's liability beyond the amount of the certificate and the express provisions of this agreement. This bond shall be effective on and after the day of,, unless,, unless					
	(Day)	(Moi	nth) (\	(Year)	
terminated as specified above. Witness our hands at		this	dav	of	
Witness our hands at	(City)	(State)	(Day)	(Month)	(Year)
ESCROW AGENT (please print)					
Signature of Escrow Agent					
Escrow Agent's Name					
Mailing Address					
Area Code and Phone Number					
DEPOSITOR or AGENT (please print)					
Signature of Depositor or Agent					
Title of Depositor					
Print Name of Signature Above					
Mailing Address					
Area Code and Phone Number					
		NOTARY			
Subscribed and sworn to before me this day of,					
Public My commission expires:					
		10000	•		
ABC Office Use Only					
License Number(s):		Rep's Initials:	□Bond Dema □Amount \$	nd Date:	Rep's Initials:
FEIN:		Date:	□Bond Relea	se Date:	Rep's Initials: