



Oregon Other Tobacco Products Tax Bond

For office use only	
Date received	
License number	

Bond number	Federal identification number (FEIN)/Social Security number (SSN)
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_____, of _____, of _____, as principal, and _____, as surety, owe the

Name of principal (licensed distributor) Address of principal

Name of surety

a corporation acting as an authorized surety insurer under Chapter 742 of the Oregon Revised Statutes, with a business at _____, as surety, owe the

Address of surety

State of Oregon, _____ Dollars (\$ _____), for which payment principal and surety bind ourselves and our legal representatives and successors, jointly and severally liable.

The condition of this obligation is that principal has applied to the State of Oregon for one or more other tobacco products distributor's licenses and is required by the provisions of ORS 323.525 to furnish a bond on the terms and conditions set forth in the Tobacco Products Tax and ORS 742.350 through 742.370.

If principal and all of principal's agents and employees faithfully abide by the provisions of the statutes as shown above, together with all corrective and supplementary act, then this obligation shall be null and void, otherwise, it shall be in full effect.

This bond shall be continuous and shall remain in effect unless terminated in the manner provided by statute. In this regard, the surety may exercise its right to withdraw as surety in writing. The withdrawal shall be effective on the first day of the calendar month after the department receives the notice, if the notice is received on or before the 15th day of the month. Otherwise the withdrawal shall be effective on the first day of the second calendar month after the department receives the notice. If the surety wishes to withdraw, the surety shall remain liable for any obligation incurred by the principal prior to the effective date of the withdrawal regardless of the due date of any tax payment.

This bond shall be effective on and after _____, _____.

Executed this _____ day of _____, _____.

X
Signature of principal _____ Title _____ Phone _____

X
Signature of surety _____ Title _____ Phone _____

Surety contact name Surety contact number



Mail to: **Oregon Department of Revenue
Special Programs Administration
PO Box 14630
Salem Oregon 97309-5050**