Clear Form

OREGON DEPARTMENT OF REVENUE

Oregon
Cigarette Tax
Bond

For office use only
Date received
License number

Bond number	Federal identification number (FEIN)/Social Security number (SSN)

_____, of _____
Name of principal (licensed distributor) Address of principal

_____ , as principal, and _____
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 cigarette distributor's licenses and is required by the provisions of ORS 323.110 to furnish a bond on the terms and conditions set forth in the cigarette 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

Impress Surety Seal Here

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