



# OREGON CIGARETTE TAX BOND

<b>FOR DEPARTMENT USE ONLY</b>	
Date Received	
BIN	
License No.	

Bond Number \_\_\_\_\_

\_\_\_\_\_ ,  
(Name of Principal (licensed distributor))  
of \_\_\_\_\_ , as principal,  
(Address of 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  
(Address of Surety)  
the State of Oregon, \_\_\_\_\_ Dollars (\$ \_\_\_\_\_ ), for which payment  
principal and surety bind ourselves and our legal representatives and successors, jointly and separately.

The condition of this obligation is that principal has applied to the State of Oregon for one or more cigarette distributor's or wholesaler'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 Act and ORS 742.350 through 742.368.

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 Telephone Number

**X** \_\_\_\_\_ ( )  
Signature of Surety Title Telephone Number

MAIL TO: **CIGARETTE TAX  
OREGON DEPARTMENT OF REVENUE  
PO BOX 14110  
SALEM OR 97309-0910**