

# Alaska Cigarette and Tobacco Products Distributor Tax Bond

041D

Principal Name			Bond Number	
Mailing Address			Business Type (Check One)	
City	State	ZIP Code	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
			<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> LLC
			<input type="checkbox"/> Other	

We, as principal(s), and as surety, \_\_\_\_\_ (Name of Insurance Company) a corporation incorporated under the laws of the State of \_\_\_\_\_ and authorized to do business in the State of Alaska and execute this bond, are held and firmly bound unto the State of Alaska, Department of Revenue, in the sum of \$ \_\_\_\_\_, the payment of which we bind ourselves, our executors, administrators, heirs, assigns, and successors, jointly and severally, firmly by this bond.

The condition of the foregoing obligation is that the above bound principal(s) shall pay when due all cigarette and tobacco products fees and/or taxes, penalties and interest due and to become due and owing to the State of Alaska by said principal during the effective period of the bond, under the provisions of the cigarette and tobacco products tax and licensing laws of the State of Alaska (AS 43.50).

Liability under this bond begins \_\_\_\_\_ and shall be continuous thereafter until the statute of limitations has expired on all cigarette and tobacco products taxes due to the State of Alaska. The bond shall apply to all liens and liabilities which arise during the effective period of the bond and to which the bond is applicable under law, even if the liens are foreclosed or valid liens settled after the period of the bond or the liabilities are enforced after the effective period of the bond.

In witness whereof, the above bound parties have executed this instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the name of each party being hereto affixed and is duly signed by its undersigned representative, if any, pursuant to authority of its governing body.

(Seal)  
ATTEST: \_\_\_\_\_  
(Security of Principal)

(Seal)  
ATTEST: \_\_\_\_\_  
(Security of Principal)

\_\_\_\_\_  
(Principal)

By: \_\_\_\_\_  
(Authorized Agent)

\_\_\_\_\_  
(Surety)

By: \_\_\_\_\_  
(Authorized Agent)

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