

Form CIG-DCB

Cigarette Tax Credit Bond

Name			Federal employer identification number		
Address			For the period ending:		
Address 2			Distributor number		
City, town or post office		State	ZIP code	E-mail address	

CIGARETTE TAX CREDIT BOND

Number: _____ \$ _____

KNOW ALL MEN BY THESE PRESENTS, That we _____

as Principal and _____

organized and existing under the laws of the State of _____ having its principal office in _____ in said State, and licenses to do business in the State of Rhode Island, as Surety, and jointly and severally held and firmly bound unto the State of Rhode Island and Providence Plantations as Obligee in the sum of _____ for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, firmly these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That if said principal, *as licensed distributor*, under a license heretofore or hereafter issued, by virtue of the provisions of Chapter 20 of the 1956 General Laws of Rhode Island, entitled "An Act Imposing a Tax Upon Sale of Cigarettes," or any amendments heretofore or hereafter made thereto, shall pay for all stamps purchased by said Principal from the Administrator appointed under said Chapter within thirty (30) days after the date of the specific purchase thereof, and shall comply with Chapter 20 of the General Laws of 1956, as amended, and with rules and regulations prescribed by the Tax Administrator thereunder, then this obligation shall be null and void otherwise to be and remain in full force and effect.

This bond shall be a continuing bond for an indefinite period and shall not expire canceled as hereinafter provided. Such cancellation may be effected by any of the parties hereto by giving to each of the parties thirty (30) days notice in writing by registered mail postage prepaid. This bond shall remain in full force and effect for violation of any condition hereof which occurred prior to the effective date of cancellation, for a period of one year and a day after the expiration of this bond as herein provided, unless a certificate be issued by an Administrator to the effect that all taxes to the State have been paid.

IN WITNESS WHEREOF, we have hereunto set our hand and seals this _____ day of _____, 20____.

Attest: _____

By: _____

Attest: _____

By: _____
Attorney-in-Fact

Resident Agent: _____