



STATE OF ARKANSAS
NON-PARTICIPATING
MANUFACTURER OR IMPORTER
BOND

CERTIFICATION YEAR 2020 *Due On or Before April 30, 2020

NON-PARTICIPATING MANUFACTURER INFORMATION:

Business Name:	Contact Person:
Address:	City:
State:	Zip Code:
Telephone:	Email:

IMPORTER INFORMATION:

Business Name:	Contact Person:
Address:	City:
State:	Zip Code:
Telephone:	Email:

Non-Participating Manufacturer for Which Bond is Being Posted:

BONDING COMPANY INFORMATION:

Business Name:	Contact Person:
Address:	City:
State:	Zip Code:
Telephone:	Email:

STATE:	BOND NUMBER:
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BOND ASSURANCES:

WHEREAS, pursuant to ARK. CODE ANN. § 26-57-1308, to be listed on the Approved-for-Sale Tobacco Products Directory of the State of Arkansas, a newly qualified or elevated risk Non-Participating Manufacturer, or the United States importer of a newly qualified or elevated risk Non-Participating Manufacturer that undertakes joint-and-several liability for the manufacturer's performance in accordance with ARK. CODE ANN. § 26-57-1307, must post a bond in favor of the State of Arkansas, conditioned upon the performance by the Non-Participating Manufacturer and, if applicable, its United States importer, of all of its duties and obligations under Act 1099 of 1999, ARK. CODE ANN. §§ 26-57-260 and 26-57-261, and Act 1073 of 2003, ARK. CODE ANN. §§ 26-57-1301, *et seq.*, as amended.

KNOW ALL PEOPLE BY THIS DOCUMENT, that we _____
Name of Non-Participating Manufacturer or Importer
 of _____ and _____
Physical Address of Non-Participating Manufacturer or Importer Name of Bonding Company
 of _____, as surety authorized to transact business in Arkansas, are
Physical Address of Bonding Company
 held and firmly bound unto the STATE OF ARKANSAS in the full and just sum of \$_____
Amount of Bond

By the execution of this document, we hereby bind ourselves, our heirs, administrators, executors, successors,

and assigns firmly to the payment of the bond amount outlined herein.

NOW THEREFORE, the condition of this obligation is such that if the above-named Non-Participating Manufacturer or, if applicable, its United States importer, as principal, shall faithfully and truly fulfill all of its duties and obligations under Act 1099 of 1999, ARK. CODE ANN. §§ 26-57-260 and 26-57-261, and Act 1073 of 2003, ARK. CODE ANN. §§ 26-57-1301, *et seq.*, as amended, then the bond obligation shall be satisfied, although such document shall remain in full force and effect. If, however, the above-named Non-Participating Manufacturer or, if applicable, its United States importer, as principal, fails to faithfully and truly fulfill all of its duties and obligations under Act 1099 of 1999, ARK. CODE ANN. §§ 26-57-260 and 26-57-261, and Act 1073 of 2003, ARK. CODE ANN. §§ 26-57-1301, *et seq.*, the State of Arkansas may execute any judgment upon this bond. The aggregate accumulated liability under this bond shall in no event exceed the penal sum named herein, for any and all claims which may accrue during the term of this instrument.

This bond shall become effective on the _____ day of _____, _____, and continues
Day Month Year
in effect until the Surety withdraws from this bond by giving 60 days advance notice by registered mail to the Office of the Arkansas Attorney General, provided such withdrawal shall not release said Surety from any liability existing hereunder at the time of the effective date of the said withdrawal and further provided that said 60 days shall begin to run on the day following receipt of notice by the Office of the Arkansas Attorney General. More particularly, all obligations existing on the effective date of the Surety's withdrawal, including, but not limited to any escrow obligations, penalties, costs, and attorney's fees, shall continue to be protected by this bond, even though no cause of action has accrued at the time of the withdrawal, until the running of the statute of limitations on actions claiming against this bond.

Initial of Surety:

SIGNATURE OF NON-PARTICIPATING MANUFACTURER OR IMPORTER:

Authorized Designee:

Title:

Designee Signature:

Date:

SIGNATURE OF BONDING COMPANY:

Authorized Designee:

Title:

Designee Signature:

Date:

NOTARY:

Subscribed and Sworn Before Me on this Date:

Signature of Notary Public:

City or County of:

My Commission Expires:

→ Seal of Notary must be included and should overlap the right-hand column of the above box.

MAIL THE COMPLETED CERTIFICATION FORM TO:

Office of the Arkansas Attorney General
ATTN: Tobacco Division
323 Center Street, Suite 200
Little Rock, Arkansas 72201

→ *This form, including attachments, must be received on or before **April 30, 2020**.*
→ *This form will not be processed unless all fields are completed and all required attachments have been received.*