WAGE PAYMENT SURETY BOND

STATE OF NEW YORK

DEPARTMENT OF STATE

Division of Licensing Services 99 Washington Avenue Albany, NY 12231

KNOW ALL MEN BY THESE PRESENTS:

That we,
(Full Name and Legal Address of Legal Entity that is the Employer)
oing business as
n employer engaged in the business of Appearance Enhancement in the State of New York, as Principal and
(Full Name and Legal Address of Surety)
Surety company qualified and admitted to do business in the State of New York, as Surety, are held and firmly bound un e People of the State of New York in the total sum of
dollars (\$), lawful money of tl
nited States of America, to be paid to the said people of the State of New York, their attorney or assigns; for which advantage we bind ourselves, our heirs, executors, administrators, successors and assigns, joint ad severally, firmly by these presents to secure and guarantee the payment of wages, interest on wages and/or fringe benefit the Principal's employees.
WHEREAS , The above bounden Principal has applied to the Department of State of the State of New York for cense to conduct an Appearance Enhancement Business pursuant to the provisions of Article 27 of the General Busines aw, and any amendments and supplements thereto, and is required by Section 160.9 of Title 19 of the NYCRR to furnish Wage Bond as a condition precedent to the conduct of the business.
NOW, THE CONDITION OF THIS OBLIGATION IS SUCH, As long as the Principal honors its statutor sponsibility to pay its employees earned wages, interest on wages and fringe benefits as are due to said employees, and such damages as may be due an employee damaged by a violation of law, no claim shall be made against this bond. If the rincipal defaults or otherwise fails to pay employee wages, interest on wages and fringe benefits as are due to satisfying the principal defaults or otherwise fails to pay employee wages, interest on wages and fringe benefits as are due to satisfying the principal defaults or otherwise fails to pay employee wages, interest on wages and fringe benefits as are due to satisfying the principal defaults or otherwise fails to pay employee wages, interest on the New York State partment of Labor under Labor Law § 219, a judgment under Labor Law §§ 198, or 663, or 29 USC § 216, or are ombination thereof, the Surety guarantees that it will honor the State of New York's demand for payment under this bond in this 30 days of receipt of such demand, upon the Principal's failure to pay wages, interest on wages, fringe benefits, are mages that may be due.
Regardless of the number of years this bond is in effect, the number of license renewal terms, the number of premium aid, or the number of claims made, the Surety's aggregate liability shall not be more than the penal sum of this bond.
The continuing nature of this bond is such that it is required to remain in full force and effect for the full term of such cense to commence as of its effective date. This Bond shall not be cancelled, revoked, or terminated by the Principal excepter notice to, and with the consent of, the Secretary of State at least forty-five days in advance of such cancellation vocation, or termination. The Surety may cancel this bond upon providing at least forty-five days' written notice to the ceretary of State and the Principal prior to the effective date of cancellation. All notices shall be sent by certified matturn receipt requested to the New York Secretary of State, 99 Washington Avenue, Albany, New York 12231.
IN WITNESS WHEREOF, We have hereunto set our hands and seals thisday of
L.S.
L.S.
L.S.
T O

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ACKNOWLEDGMENT OF PRINCIPAL

<i>If the Principal i</i> . State of New Yo	s a corporation, use this	part:				
County of) ss)	.:				
On this	day of	, in the year	, before me	e personally app	peared	applicant's name)
to me known, w	who, being by me duly	sworn, did depose an	d say that s/he	resides in		;
that s/he is the			of the		(add	dress)
that 5/ He 15 the_	(principal title, if appl	licable)	or the	(name of co	orporation)	
affixed to said	described in and whinstrument is such cod that s/he signed her	orporate seal; that it v	vas so affixed	by the authorit		
						Notary Public
						County
-	is an individual, or a bu	usiness entity other than	a corporation,	use this part:		2 sumiy
State of New Yo	,					
County of) ss)	···				
On this	day of	, in the year	, before me	e personally app	peared	
her/his signatu instrument.	re on the instrument,	the individual, or the	person upon l	behalf of which	the individual	Notary Public
						- Communication of the communi
						County
	AC	CKNOWLEDGMEN	T BY CORP	ORATION (SU	URETY)	
State of New Yo	ork)					
) ss	s. :				
County of)					
On this	day of		, in	the year	, before n	ne, personally came
		t	o me known, v	who, being by a	me duly sworn,	did depose and say
that s/he resides	s in					
that s/he is the o	duly appointed		of the	;		
the corporation	described in and whi	ch executed the with	in instrument;	that s/he know	s the seal of sa	id corporation; that
the seal affixed	d to said instrument	is such corporate se	al; that it wa	s so affixed b	y the authorit	y of the Board of
Directors of sa	nid corporation; and t	hat s/he signed his/h	er name there	to by like autho	ority.	
						Notary Public

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County