

**APPLICATION TO PORT DIRECTOR U.S. CUSTOMS SERVICE
TO FILE C.F. 301 — CONTINUOUS**

Bond Serial No: _____ CHB Name: **FILER CODE 660 - SACK & MENENDEZ INC.**
 Importer Name: _____ Importer Number: _____
 Street: _____ City: _____ State: _____ Zip: _____

Describe Merchandise (Attach additional sheet if necessary)	Country of Origin
1.	
2.	
3.	
4.	
5.	
6.	

Last Calendar Year				Estimate Next Calendar Year		
Type Merchandise	Value	Est. Duties	No. Entries	Value	Est. Duties	No. Entries
Dutiable						
Conditionally Free						
Unconditional Free						
Total						

Total amount of Penalties & Liquidation Damages assessed: _____ Total number of cases: _____

Importer requests that customs approve the filing of C.F. 301

Continuous in an amount determined by Customs to be effective on: _____

Activity Code	Activity Name and Customs Regulation in which conditions codified	Bond Amount		Activity Code	Activity Name and Customs Regulation in which conditions codified	Bond Amount	
		Requested	Approved			Requested	Approved
<input checked="" type="checkbox"/> 1	Importer or Broker.....113.62			<input type="checkbox"/> 3	International Carrier.....113.64		
<input type="checkbox"/> 1a	Drawback Payment Refunds.. 113.65			<input type="checkbox"/> 3a	Instrument of International Traffic..... 113.66		
<input type="checkbox"/> 2	Custodian of Bonded Merchandise113.63 (Includes bonded carriers, freight forwarders, cartmen and lightermen, all classes of warehouses, container station operators)			<input type="checkbox"/> 4	Foreign Trade Zone Operator.....113.73		
				<input type="checkbox"/> 5	Public Gauger.....113.67		

U.S. Customs district where bond is to be filed: **9900-Indianapolis, IN**

Other districts through which I will import: _____

LIST CURRENT ANNUAL BONDS (Attach additional sheet if necessary)				
BOND TYPE	BOND AMOUNT	EFFECTIVE DATE	SURETY	WHERE FILED
1.				
2.				
3.				
4.				
5.				

State of Incorporation: _____ Years in Business _____
 Local district additional information: _____

 Proprietorship
 Partnership
 Corporation
 Individual

CERTIFICATION

I certify that the factual information contained in this application is true and accurate and any information provided which is based upon estimates is based upon the best information available on the date of this application.

BY: _____ TITLE: _____ DATE: _____

(Signature)