

MULTI APP

Application for License, Permit and Miscellaneous Bonds
Bonds of \$50,000.00 or more use General Indemnity Agreement

A BOND INFORMATION									
TYPE OF BOND	IF CONTRACTOR, LICENSE # IF NEW, ATTACH PASS LETTER	BOND AMOUNT	EFFECTIVE DATE	PRIOR BOND?					
BOND TO BE FILED WITH (OBLIGEE)			STREET ADDRESS OF OBLIGEE						
CITY			STATE				ZIP		
B BUSINESS INFORMATION									
COMPANY NAME (EXACTLY AS IT APPEARS ON BOND)				BUSINESS PHONE		HOW LONG UNDER CURRENT OWNERSHIP? _____ YRS. _____ MOS.			
DESCRIBE TYPE OF BUSINESS					NUMBER OF YEARS EXPERIENCE				
COMPANY ADDRESS			CITY		STATE		ZIP		
PRIOR OR CURRENT BOND WITH:		HOW LONG	BOND NO.		REASON FOR CHANGE				
COMPANY IS A: - SOLE PROPRIETORSHIP - PARTNERSHIP - LLC - LLP - CORPORATION; DATE INCORPORATED: / /					IF PARTNERSHIP OR CORPORATION, NUMBER OF PARTNERS OR STOCKHOLDERS				
BANK NAME (BUSINESS ACCOUNT)				STREET ADDRESS					
CITY			STATE		ZIP		PHONE		
CHECKING ACCOUNT NO.			BALANCE		SAVINGS ACCOUNT NO.			BALANCE	
HAVE YOU, YOUR SPOUSE OR CO. EVER FAILED IN ANY BUSINESS VENTURE? YES NO BEEN INVOLVED IN ANY DISPUTE WHERE A LAWSUIT OR LIEN WAS FILED? YES NO BEEN A PRINCIPAL OR INDEMNITOR ON A BOND WHICH A CLAIM WAS BROUGHT? YES NO BEEN SUBJECT TO A FEDERAL TAX LIEN? YES NO DECLARED BANKRUPTCY? YES NO IF "YES" TO ANY OF THESE QUESTIONS, ATTACH A DETAILED EXPLANATION									
CREDIT REFERENCES WITH WHOM YOU DO BUSINESS									
NAME		ADDRESS			CITY, STATE, ZIP			PHONE	
NAME		ADDRESS			CITY, STATE, ZIP			PHONE	
C PERSONAL INFORMATION FOR APPLICANT, STOCKHOLDERS AND INDEMNITORS									
INDIVIDUAL'S NAME			DATE OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LIC. NO./STATE		
HOME ADDRESS			CITY		STATE		ZIP		HOME PHONE
							OWN HOUSE HOW LONG? MONTHLY RENT APT. ___ YEARS ___ MOS. \$ _____		
PREVIOUS ADDRESS				CITY		STATE		ZIP	
EMPLOYER			CITY		STATE		ZIP		WORK PHONE
							LENGTH OF EMPLOYMENT _____ YEARS ___ MONTHS		
SPOUSE'S NAME			DATE OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LIC. NO./STATE		
SPOUSE'S EMPLOYER			CITY		STATE		ZIP		WORK PHONE
							LENGTH OF EMPLOYMENT _____ YEARS ___ MONTHS		
DATE HOME PURCHASED	PURCHASE PRICE		CURRENT MARKET PRICE		PRESENT LOAN BALANCE (\$)		LOAN NO.	MONTHLY PAYMENT (\$)	
NAME OF BANK (PERSONAL ACCOUNT)				BANK ADDRESS		CHECKING ACCT. NO. _____		BALANCE _____	
						SAVINGS ACCT. NO. _____		BALANCE _____	
NEAREST RELATIVE/NAME		ADDRESS			CITY		STATE		ZIP
							RELATIONSHIP		PHONE

IMPORTANT: PAGE TWO CONTAINS LEGAL OBLIGATIONS. READ CAREFULLY & SIGN.

STATE OF _____)
) ss. On this _____ day of _____ in the year _____,
COUNTY OF _____) before me, _____ a
Notary Public, State of _____, duly commissioned and sworn,
personally appeared _____, personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument, and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),
or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

(Seal)

Notary Public, State of _____
My commission expires _____

STATE OF _____)
) ss. On this _____ day of _____ in the year _____,
COUNTY OF _____) before me, _____ a
Notary Public, State of _____, duly commissioned and sworn,
personally appeared _____, personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument, and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),
or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

(Seal)

Notary Public, State of _____
My commission expires _____

STATE OF _____)
) ss. On this _____ day of _____ in the year _____,
COUNTY OF _____) before me, _____ a
Notary Public, State of _____, duly commissioned and sworn,
personally appeared _____, personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument, and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),
or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

(Seal)

Notary Public, State of _____
My commission expires _____

STATE OF _____)
) ss. On this _____ day of _____ in the year _____,
COUNTY OF _____) before me, _____ a
Notary Public, State of _____, duly commissioned and sworn,
personally appeared _____, personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument, and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),
or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

(Seal)

Notary Public, State of _____
My commission expires _____