



**MOTOR FUEL DISTRIBUTORS BOND FORM**

GEORGIA DEPARTMENT OF REVENUE  
1800 CENTURY BLVD.  
ATLANTA, GA 30345

**INSTRUCTIONS**

When completing the Standard Bond Tax Form, incorporate the following information, which pertains to your specific bond type:

Fuel Type: Check Appropriate Box

Motor Fuel, Including Gasoline

Motor Fuel, Excluding Gasoline

Bond forms change; this is for educational purposes only.



**MOTOR FUEL DISTRIBUTORS TAX BOND FORM**

GEORGIA DEPARTMENT OF REVENUE  
1800 CENTURY BLVD.  
ATLANTA, GA 30345

STATE OF GEORGIA FILE/BOND NUMBER \_\_\_\_\_

COUNTY OF \_\_\_\_\_ STI# \_\_\_\_\_

CALENDAR/LICENSE YEAR \_\_\_\_\_ (if applicable)

**KNOW ALL PERSONS BY THESE PRESENTS** , That we \_\_\_\_\_  
NAME OF ENTITY AS SHOWN ON APPLICATION

and \_\_\_\_\_, AS PRINCIPAL  
NAME OF CORPORATION OR PARTNER(S) AND/OR (DBA)

and \_\_\_\_\_  
NAME OF SURETY COMPANY EXECUTING BOND

A surety company incorporated and existing under the laws of the State of \_\_\_\_\_, and licensed and authorized to execute bonds and undertakings as a surety in the State of Georgia, AS SURETY, are held and firmly bound unto the State, AS OBLIGEE, in the sum of \_\_\_\_\_ DOLLARS, for the payment of which, we bind ourselves, our heirs, executors, administrators and successors, as the case may be, jointly, severally and firmly by these presents.

NOW, THEREFORE, the condition of this bond is such that if the Principal shall promptly pay to the Obligee all sums which may be due by said Principal as taxes, license fees, rental charges, or otherwise, including penalties and interest, by reason of the operation of said business, together with expenses incurred by the State in the collection of amounts due the State, the nature and amount of such expenses to be determined by the Commissioner; and shall, in the operation of said business, faithfully comply with the laws of Georgia, as amended, and with all rules and regulations now, or hereafter, promulgated by the State Revenue Commissioner, as amended, for the enforcement and administration of the laws of Georgia, and with such other conditions as the State Revenue Commissioner may require in rules and regulations, then this bond shall be void; otherwise, it shall remain of full force and effect and shall be construed as a bond of forfeiture.

This bond may be cancelled by the Principal, the Surety or the Obligee by giving sixty (60) days' notice in writing to each of the other parties hereto at their last known address, but no such cancellation shall affect the liability of either the Principal or the Surety occurring before the expiration date of such notice.

This Bond shall be continuous in form from the effective date and shall be automatically extended at the end of each twelve (12) months from effective date. Each twelve (12) months shall constitute a new and separate obligation in the amount of the penal sum named herein, or if changed by rider the amount of the penal sum as stated in rider from the inception date of rider forward.

Said Principal well and truly comply with all the requirements and laws as set forth in Title 48, Chapter 9, Article 1 of Motor Fuel Tax Act as amended, and pay all taxes therein required, and penalties assessed thereunder, then this obligation to be void; otherwise, of full force and effect.

IN WITNESS WHEREOF, the said Principal has hereunto signed and sealed, and the said Surety has caused these presents to be duly executed by its duly authorized officials, or its duly authorized attorney in fact, and its corporate seal to be hereunto affixed, the day and year first above written.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, '\_\_\_\_' \_\_\_\_\_.

DEPARTMENT OF REVENUE

SURETY

(For the Commissioner)

(Surety's GA Resident Agent)

NOTE: If this bond is executed by a corporation, the authority of the officials or attorney in fact signing for such corporation must be attached to this bond. The Motor Fuel Tax Law provides that all distributors shall post a bond in an amount equal to three (3) times the monthly tax liability, but not less than \$1,000 nor more than \$150,000.

# Surety Bond Application

AGENCY NAME: \_\_\_\_\_ AGENCY CONTACT: \_\_\_\_\_  
 AGENCY PHONE: \_\_\_\_\_ AGENCY FAX: \_\_\_\_\_ AGENCY EMAIL: \_\_\_\_\_  
 AGENCY ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT?** \_\_\_\_\_

**NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND?** \_\_\_\_\_

**SECTION I: BOND APPLIED FOR**

Type of Bond: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of Company **CORP**  **LLC**  **DBA**  **PARTNERSHIP**  Bond Amount: \_\_\_\_\_

(Obligee): \_\_\_\_\_

Obligee Address \_\_\_\_\_

**SECTION II: GENERAL INFORMATION**

Applicant's Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Spouse SS#: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Business Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Business BEGAN under present Individual or Firm Name: \_\_\_\_\_ BUSINESS TAX ID: \_\_\_\_\_

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES  NO  DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES  NO

HAS APPLICANT EVER FAILED IN BUSINESS? YES  NO  HAS APPLICANT EVER FILED BANKRUPTCY? YES  NO

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER

**SECTION III: ADDITIONAL OWNERS OR PARTNERS AS REQUIRED**

NAME: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

SS#: \_\_\_\_\_ SPOUSE SS#: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)**  
**STATEMENT OF ASSETS AND LIABILITIES AS OF**

ASSETS		LIABILITIES	
CASH IN BANK		NOTES PAYABLE TO BANKS	
CASH ON HAND		NOTES TO OTHERS (excl. of equipment)	
STOCKS AND BONDS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE	
NOTES RECEIVABLE		ALL OTHER TAXES	
INVENTORY		ACCRUALS, PAYROLLS, ETC.	
CASH VALUE LIFE INSURANCE			
EQUIPMENT		DUE ON EQUIPMENT	
REAL ESTATE		DUE ON REAL ESTATE	
OTHER ASSETS		OTHER LIABILITIES	
		CAPITAL STOCK (if a corporation)	
		SURPLUS AND UNDIVIDED PROFITS	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR WORLDWIDE INSURANCE SPECIALISTS INC. TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE  
 NO PREMIUM FINANCING WILL BE ACCEPTED AS PREMIUM IS EARNED IN FULL.

**Worldwide Insurance Specialists, Inc**  
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 Phoenix, AZ 85015

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