



**MOTOR FUEL TAX REFUND
PERMIT HOLDER'S BOND**

Surety Bond No. _____

KNOW ALL MEN BY THESE PRESENTS, That we _____
Name of Principal

of _____ , _____ ,
Street or P.O. Box City or Town

County of _____ , State of _____ , as principal, and

_____ , of _____ ,
Name of Surety Address of Surety

as surety, are held and firmly bound unto the Commonwealth of Kentucky in the sum of one thousand dollars (\$1,000), for the prompt and faithful compliance with the provisions of Kentucky Revised Statutes 138.344 through 138.355, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such that, whereas, the principal is now engaged in, or is about to engage in, the consumption of gasoline and/or special fuels for agricultural purposes, or special fuels for other nonhighway purposes, and such principal is entitled to a refund of the Kentucky tax paid on motor fuels used exclusively for purposes mentioned above, and whereas, the principal from time to time will be making applications to the Commonwealth of Kentucky for refund of taxes paid on motor fuels.

NOW, THEREFORE, The condition of this obligation is such that, if the above bonded _____
Name of Principal

shall faithfully comply with the provisions of the aforementioned statutes, and repay to the Commonwealth of Kentucky any refunds to which it is not entitled, then this obligation shall be void; otherwise it shall remain in full force and effect. Provided, however, this bond can be terminated by the surety upon written notice to the Department of Revenue and principal given by registered mail sixty (60) days in advance.

IN WITNESS WHEREOF, We have hereunto set our hands this _____ day _____ , 20_____ .

Principal Surety

By _____ By _____

Kentucky Resident Agent of Surety Company

Return to Department of Revenue, Motor Fuels Tax Compliance Section, P.O. Box 1303, Frankfort, Kentucky 40602-1303.

Approved _____ , 20_____ . By _____
Supervisor, Motor Fuels Tax Compliance Section

INTEGRITY SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
 AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
 AGENCY ADDRESS: _____
(Street) (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: _____ EFF.DATE: _____ EXP.DATE: _____
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP AMOUNT: _____
 OBLIGEE: _____

OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)

SECTION II: GENERAL INFORMATION

APPLICANT'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

BUSINESS NAME: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____

BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)

DATE BUSINESS BEGAN UNDER CURRENT NAME: _____ BUSINESS TAX ID: _____

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS 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 / PARTNERS

APPLICANT'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

STATEMENT OF ASSETS & LIABILITIES AS OF _____

| ASSETS | | LIABILITIES | |
|------------------------------|-----------|-------------------------------------|--------------------------------|
| CASH IN BANK | \$ | NOTES PAYABLE TO BANKS | \$ |
| CASH ON HAND | \$ | NOTES PAYABLE TO OTHERS | \$ |
| STOCKS & BONDS | \$ | ACCOUNTS PAYABLE | \$ |
| ACCOUNTS RECEIVABLE | \$ | FEDERAL & STATE INCOME TAX DUE | \$ |
| NOTES RECEIVABLE | \$ | ALL OTHER TAXES | \$ |
| INVENTORY | \$ | ACCRUALS, PAYROLLS, ETC. | \$ |
| CASH VALUE OF LIFE INSURANCE | \$ | DUE ON EQUIPMENT | \$ |
| EQUIPMENT | \$ | DUE ON REAL ESTATE | \$ |
| REAL ESTATE | \$ | OTHER LIABILITIES | \$ |
| OTHER ASSETS | \$ | CAPITAL STOCK (IF A CORPORATION) | \$ |
| | | SURPLUS & UNDIVIDED PROFITS | \$ |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES | \$ |
| | | NET WORTH | \$ |
| NAME OF OWNERS | | NAME & TITLE OF OFFICERS | PERCENTAGE OF OWNERSHIP |
| | | | |

Completion of this form constitutes permission 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.

Integrity Bonds Inc

Toll Free: (866) 420-2613

Local (480) 626-8916

E-Mail info@integritybonds.com

Fax: (602) 674-8235