



**Prince George's County**  
 Department of Permitting, Inspections  
 and Enforcement  
**PERMITTING & LICENSING DIVISION**  
**Business Licensing Center**  
 9400 Peppercorn Place, 1st Floor  
 Largo, Maryland 20774  
 301.883.3840 ♦ FAX: 301.883.3875



**MOTOR VEHICLE REPAIR FACILITY LICENSE  
 PERFORMANCE BOND**

Bond No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, THAT (*Company Name*) \_\_\_\_\_

(*Company Address*) \_\_\_\_\_

hereinafter referred to as Licensee and (*Surety Company*) \_\_\_\_\_

hereinafter referred to as Surety, are held and firmly bound unto Prince George's County, Maryland, in the full sum of Two-Thousand Dollars (\$2,000) to be paid to Prince George's County, Maryland, its assigns, or any other party protected by Section 26A-104 "Bonding Requirement" of Subtitle 26A of the Prince George's County Code to which payment well and truly to be made and done; we bind ourselves, our heirs, executors, administrators, jointly and severally firmly by these presents.

PROVIDED that a Surety may, without prejudice to any liability incurred prior to such cancellation, cancel such bond upon thirty (30) days written notice filed with the Director, Department of Permitting, Inspections and Enforcement, Maryland, and the Licensee.

Sealed with our respective seals and dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

WHEREAS, the above named Licensee has made application pursuant to Subtitle 26A of the Prince George's County Code for a **MOTOR VEHICLE REPAIR FACILITY LICENSE**.

WHEREAS, it is a condition of the issuance of said license that these presents should be executed.

NOW THEREFORE, the condition of this obligation is such that the above named Licensee, his agents and servants, shall in all respects comply with the applicable terms, conditions, provisions, and requirements of Section 26A-104 and the terms and conditions of said license when issued; and, further, the condition of these presents is such that if the above bound licensee, jointly and severally, their heirs, executors, and administrators, at all times hereafter well and sufficiently save harmless and keep indemnified Prince George's County; against all losses, costs, charges, damages, and expenses, including those relating to actions or proceedings at law or in equity, then the above obligation shall be void, otherwise to be in full force and effect.

\_\_\_\_\_  
 Witness for Principal

\_\_\_\_\_  
 Principal (Owner/First Corporate Officer)

\_\_\_\_\_  
 Witness for Surety

\_\_\_\_\_  
 Surety (SEAL)

ACCEPTED \_\_\_\_\_  
 Director

By: \_\_\_\_\_

Address: \_\_\_\_\_

APPROVED AS TO LEGAL SUFFICIENCY \_\_\_\_\_

MD Resident Agent (*Print*): \_\_\_\_\_

(*Signature*): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 County Attorney

Phone #: \_\_\_\_\_

MD Registration #: \_\_\_\_\_

**CERTIFICATE OF GOOD STANDING IN MARYLAND AND CERTIFICATE OF AUTHORITY MUST ACCOMPANY APPLICATION**

**ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ ) SS.

**Individual**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known and known to me to be the individual described in and who executed the foregoing instrument and (s)he acknowledged to me that (s)he executed the same.

**Partnership**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known and known to me to be a general partner of the firm of \_\_\_\_\_ described in and who executed the foregoing instrument(s) and (s)he thereupon acknowledged to me that (s)he executed the same as and for the act and deed of said firm; that the following are partners of said firm.

\_\_\_\_\_  
\_\_\_\_\_

**Corporation**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ (Second Corporate Officer)

and acknowledged to me that (s)he is the \_\_\_\_\_ of \_\_\_\_\_ (Title) (Corporation Name)

a corporation in good standing in the State of Maryland and named as a principal in the attached instrument(s); that

\_\_\_\_\_ as \_\_\_\_\_ (Title) (First Corporate Officer) (Title)

being so authorized, did sign the foregoing instrument(s) on behalf of the principal, that said signature is genuine and that said instrument(s) was/were duly signed, sealed, and attested for in behalf of the said corporation and is a free act and deed of the said corporation by authority of the following officers of said corporation:

\_\_\_\_\_  
(Second Corporate Officer) (Title)

\_\_\_\_\_  
(Other Corporate Officer) (Title)

\_\_\_\_\_  
(Other Corporate Officer) (Title)

\_\_\_\_\_  
(Other Corporate Officer) (Title)

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

# 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**  
 2424 W. Missouri AVE  
 Phoenix, AZ 85015

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**Local (602) 749-0702**  
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