

## MONTANA DEPARTMENT OF TRANSPORTATION ADMINISTRATION DIVISION PO BOX 201001

HELENA MT 59620-1001

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## SURETY BOND FOR GASOLINE/SPECIAL FUEL DISTRIBUTOR

		SUR	ETY			
Surety Name:				Bond Number:	Bond Number:	
Address:				Amount of Bond:		
City:	State:		Zip Code	Effective Date		
		PRIN	CIPAL			
Legal Name:				SSN or FEIN:	SSN or FEIN:	
Trade Name (DBA):				Business FEIN:		
Address:				Organization Typ	Organization Type: (Please check one):	
City:		State:	Zip Code:	☐ Individual ☐ Corporation	☐ Partnership ☐ Other	
We, the Surety, who are author indebted to the State of Montar successors, jointly and several This bond is being executed be business as a Gasoline/Special MCA.	na in the sum of the aboutly.  Ecause the principal has	ve amount of bor applied to the Mo	nd for which payn ontana Departme	nent we bond ourselves a nent of Transportation for a	nd legal representatives and license to engage in	
This bond is intended to comply	y with the requirements of	of the Gasoline/S	Special Fuel Licer	nse Tax Laws, and it is ex	pressly provided that:	
<ol> <li>The Principal shall at all tim of the Surety, shall cease be Montana Department of Tra</li> </ol>	usiness as a Gasoline/S					
. The Surety shall be liable for any tax, interest, and/or per the Gasoline/Special Fuel L	nalty, which is due from t					
This bond shall be deemed hereinafter provided in this		shall remain in fu	ll force and effec	t unless terminated or car	nceled in the manner	
<ul> <li>The Montana Department o of greater amount than this necessary to comply with th</li> </ul>	bond or to require anoth	er Surety or Sure	eties be provided	whenever the Departmer	·	
. The Surety may cancel this Division of the Department or Principal prior to the term	of Transportation at the	above address.				
			(Sig	nature of Principal)	Date	
Surety S	eal	Ву_				
			(Sig	nature of Surety)	Date	
		By _				
			(Sic	nature of Attorney-in-fact)		