

Montana Department of Transportation Motor Fuel Section Surety Bond for Gasoline/Special Fuel Distributor

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					ge:	
	SUR	RETY				
Surety Name:			Bond N	Bond Number:		
Address:			Amour	Amount of Bond:		
City:	State Zip Code:			Effective Date:		
Contact Name:	Contact Email:		Contact Phone Number:			
	PRIN	CIPAL				
Legal Name:			SSN or	FEIN:		
Trade Name (DBA):			Business FEIN:			
Address:				Organiza	ation Type:	
				•		
City:	State	Zip Code:	∫ Olnd	ividual	○ Partnership	
				rporation	Other	
We, the Surety, who are authorized to transact business as a of Montana in the sum of the above amount of bond for which						
This bond is being executed because the principal has applie Special Fuel Distributor pursuant to the Montana Gasoline ar					n business as a Gasoline/	
This bond is intended to comply with the requirements of the	Gasoline and Speci	al Fuel License Tax Law	s, and it is ex	pressly provided	d that:	
 The Principal shall at all times keep this bond in ful shall cease business as a Gasoline and Special Fu Transportation. The Surety shall be liable for any failure of the Prin interest, and/or penalty, which is due from the Principal Fuel License Tax Laws. This bond shall be deemed continuous in form and 	uel Distributor until so cipal to comply with cipal up to the limit.	uch time a new bond is to Gasoline and Special F This bond does not limi	filed and approuel Licensing to the liability of	oved by the Mor Tax including, b f the Principal u	ntana Department of out not limited to, any tax, inder the Gasoline and	
 in this agreement. 4. The Montana Department of Transportation, throug amount than this bond or to require another Surety the provisions of the Gasoline and Special Fuel Lic 5. The Surety may cancel this bond and be relieved of Department of Transportation at the above address termination of the notice period. 	gh its authorized age or Sureties be provi cense Tax Laws. of further liability und	ents, reserves the right a ided whenever the Depa er this bond by giving 30	at any time to rartment or its a	require a new boagents deem it r	ond or bond of greater necessary to comply with dministration Division of the	
		Signature of	Principal		Date	
Surety Seal		Name of Su	rety			

Signature of Attorney-in-fact

Date