



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF BUSINESS TRUST FUND TAXES
DEPT. 280909
HARRISBURG, PA 17128-0909

**BOND
LICENSE TO RESELL
AMUSEMENT TICKETS**

Please Print or Type

Bond Number _____

**TO BE COMPLETED BY SURETY COMPANY
KNOW ALL MEN BY THESE PRESENTS, THAT**

(Name of Principal/Licensee)

(Legal Name - D/B/A)

OF _____
(Post Office Box) (Street and Number) (City) (County) (State) (Zip Code)

as **PRINCIPAL**, and _____
(Name of Surety)

a corporation organized under the Laws of _____,

duly authorized to engage in business in the Commonwealth of Pennsylvania, and approved by the Insurance Commission of the Commonwealth of Pennsylvania as to its solvency and responsibility with its office for execution of this bond located at _____

in the City of _____ State of _____,

as **SURETY**, is held and firmly bound unto _____
(Licensor)

of _____
(Post Office Box) (Street and Number) (City) (County) (State) (Zip Code)

LICENSOR, in the sum of one thousand (\$ 1,000) dollars, lawful money of the United States of America, to be paid to the said **LICENSOR**, to which payment well and truly to be made upon demand, we bind ourselves and each of us, our and each of our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents. This bond to be effective as of _____
(Month) (Day) (Year)

WHEREAS, the above bounden **PRINCIPAL**, has made application to the **LICENSOR** for a "License to Resell Amusement Tickets" under the provisions of the Act of May 2, 1947, No. 62 as amended, to engage in the business of reselling amusement tickets in _____
said license to expire on the 31st day of December _____ (City or County)

WHEREAS, this bond is filed with the **LICENSOR** to enable said **PRINCIPAL** to obtain from the **LICENSOR** a "License to Resell Amusement Tickets."

NOW, therefore, the condition of this obligation is such that if the above bounden **PRINCIPAL** shall have obtained said license without fraud, misrepresentation, or misstatement made in the application for said license, and shall faithfully comply with the provisions of the Act of May 2, 1947, No. 62 as amended, and the regulations of the Department of Revenue formulated thereunder, during the effective period of said license, then this obligation shall be void; otherwise it shall be and remain in full force and virtue.

AND, in the event that the above bounden **PRINCIPAL** shall have obtained said license by fraud, misrepresentation or misstatement made in the application for said license or shall, from and after the effective date of the license aforesaid, fail in any respect to faithfully comply with the provisions of the Act of May 2, 1947, No. 62 as amended, we do hereby empower the Attorney General of the Commonwealth of Pennsylvania, or any attorney of any Court of Record within the Commonwealth of Pennsylvania or elsewhere, to appear for and enter judgment against us or either of us, our or either of our heirs, executors, administrators, successors or assigns for the above sum with costs of suit, release of all errors and without stay of execution. And we waive the right of inquisition on any real estate which may be levied upon to collect the above sum, and we do hereby voluntarily condemn the same and authorize the prothonotary to enter upon the fieri facias our said voluntary condemnation. And we further agree that said real estate may be sold on a fieri facias, and hereby waive and release all relief from any and all appraisalment, stay or exemption laws of any state now in force or hereafter to be passed. And for the entering of such judgment this shall be the sufficient warrant for any such attorney, and a copy of this Bond and Warrant being filed in said action, it shall not be necessary to file the original as a warrant of attorney, any law or rule of court to the contrary notwithstanding.

Signed, sealed, and delivered this _____ day of _____

A.D. _____

This instrument has been duly executed by the above-named principal and surety the day and year above written.

INCORPORATED PRINCIPAL: SIGN BELOW

(Corporate Seal)

ATTEST

Corporate Name

Secretary Social Security Number

President Social Security Number

Print Name

By _____
Print Name

INDIVIDUAL, PARTNERSHIP OR ASSOCIATION PRINCIPAL: SIGN BELOW

Signature Print Name Title Social Security Number

Signature Print Name Title Social Security Number

Signature Print Name Title Social Security Number

WITNESSES: SIGN BELOW

Signature Print Name

Signature Print Name

SURETY: COMPLETE BELOW

Name of Surety

BY _____
Attorney in Fact

Post Office Box Street and Number

Post Office Box Street and Number

City State Zip Code

City State Zip Code

LICENSOR: COMPLETE BELOW

Accepted this _____ day _____ A.D. 20 _____

By _____
AUTHORIZED SIGNATURE TITLE

