



**LIQUID FUELS AND FUELS  
TAX BOND**

**TO BE COMPLETED BY  
SURETY COMPANY**

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF REVENUE  
BUREAU OF MOTOR FUEL TAXES  
DEPT. 280646  
HARRISBURG, PENNSYLVANIA 17128-0646

**BOND #**

**KNOW ALL MEN BY THESE PRESENTS that, as principal**

(1) \_\_\_\_\_  
(NAME OF DISTRIBUTOR) (LEGAL NAME-D/B/A)

OF (2) \_\_\_\_\_  
POST OFFICE BOX STREET AND NUMBER CITY COUNTY STATE ZIP CODE

and (3) \_\_\_\_\_  
(NAME OF SURETY)

a corporation organized under the laws of (4) \_\_\_\_\_ and  
duly authorized to engage in business in the Commonwealth of Pennsylvania, with its office for execution of  
this bond located at (5) \_\_\_\_\_  
in the City of (6) \_\_\_\_\_, State of \_\_\_\_\_

as **SURETY** are held and firmly bound unto the Commonwealth of Pennsylvania in the sum of  
(7) \_\_\_\_\_ dollars

(8) \_\_\_\_\_ lawful money of the United States of America, to be paid to the said Commonwealth of  
Pennsylvania, to which payment well and truly to be made, 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.

(9) This bond to be effective as of \_\_\_\_\_  
(MONTH DAY YEAR)

**WHEREAS**, the above bounden **PRINCIPAL** has applied for a permit to engage in business as a  
Distributor of Liquid Fuels and/or Fuels under the provisions of the Liquid Fuels and Fuels Tax Act of the  
Commonwealth of Pennsylvania, Act No. 3 of April 17, 1997 (the "Act"); and

**WHEREAS**, this bond is filed with Department of Revenue, Commonwealth of Pennsylvania, to enable  
said **PRINCIPAL** to obtain from the Department, under Section 9003 of the vehicle Code (75Pa. C.S. §9003), a  
permit to expire the 31st day of May \_\_\_\_\_.

**NOW**, therefore, the condition of this obligation is such that if the above bounden **PRINCIPAL** shall faithfully comply with  
the provisions of the Act until the expiration date of the permit in connection with which this bond is being filed, unless before that  
date the **SURETY** shall be released and discharged in the manner and to the extent prescribed by the Act, 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 from and after the effective date of the permit aforesaid, fail in  
any respect to faithfully comply with the provisions of the Act aforesaid, 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  
all unpaid tax, interest, penalty, fines and costs of collection up to the above sum, 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 of 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.

(10) Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

In Witness whereof this instrument has been duly executed by the above-named principal and surety the day and year above written.

**(11) INCORPORATED DISTRIBUTOR: SIGN BELOW**

**ATTEST**

\_\_\_\_\_  
CORPORATE NAME

By \_\_\_\_\_

Secretary

Social Security Number

Social Security Number

**(12) INDIVIDUAL, PARTNERSHIP AND ASSOCIATION DISTRIBUTOR: SIGN BELOW**

Name Title Social Security Number

Name Title Social Security Number

Name Title Social Security Number

**(13) WITNESSES: SIGN BELOW:**

NAME

NAME

**(14) SURETY COMPLETE BELOW**

Name of Surety

Attorney-In-Fact (SIGN BELOW)

Social Security Number

Attorney in Fact

(Corporate Seal)

Witness

**DO NOT WRITE IN THE SPACE**

**DEPARTMENT OF REVENUE**

Accepted this \_\_\_\_\_ day \_\_\_\_\_ A. D. \_\_\_\_\_

By \_\_\_\_\_  
(Authorized Signature)

I hereby certify on this date \_\_\_\_\_ that the company acting as surety on the within bond is licensed to do a surety business in Pennsylvania and that the agent whose name appears hereon is a licensed resident agent approved by the Insurance Department of the Commonwealth of Pennsylvania.