



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
ROAD TOLL BUREAU
33 HAZEN DRIVE, CONCORD NH 03305
TELEPHONE: (603)271-2311

<http://www.nh.gov/safety/divisions/administration/roadtoll>
MOTOR FUEL DISTRIBUTOR BOND FORM

KNOWN ALL MEN BY THESE PRESENTS, THAT WE (Motor Fuel Distributor):

COMPANY NAME: _____
ADDRESS 1: _____
ADDRESS 2: _____
CITY/TOWN: _____
STATE: _____ ZIP CODE: _____

AS PRINCIPAL, AND THE (Surety):

COMPANY NAME: _____
ADDRESS 1: _____
ADDRESS 2: _____
CITY/TOWN: _____
STATE: _____ ZIP CODE: _____

A CORPORATION DULY ORGANIZED UNDER THE LAWS OF THE STATE OF _____ AND LICENSED TO DO BUSINESS IN THE **STATE OF NEW HAMPSHIRE** AS SURETY, ARE HELD AND FIRMLY BOUND UNTO THE **STATE OF NEW HAMPSHIRE**, AS OBLIGEE, IN THE SUM OF \$ _____ DOLLARS FOR THE PAYMENT OF WHICH, WELL AND TRULY TO BE MADE, WE JOINTLY AND SEVERALLY, BIND OURSELVES. OUR HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS BY THESE PRESENTS.

SIGNED, SEALED, AND DELIVERED THIS ____ DAY OF _____, _____.

WHEREAS, THE SAID PRINCIPAL HAS MADE APPLICATION TO THE ROAD TOLL BUREAU OF THE STATE OF NEW HAMPSHIRE FOR A LICENSE TO ENGAGE IN THE BUSINESS AS A DISTRIBUTOR OF MOTOR FUELS, AS PROVIDED IN CHAPTER 260 NH REVISED STATUTES ANNOTATED 1955 AS AMENDED.

NOW THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH THAT IF SAID PRINCIPAL AS SUCH LICENSEE SHALL PROMPTLY FILE TRUE REPORTS AND MAKE PAYMENT OF ALL MOTOR VEHICLE ROAD TOLLS, TOGETHER WITH ALL PENALTIES AND INTEREST THEREON, WHICH ARE IMPOSED UPON HIM BY THE PROVISIONS OF SAID CHAPTER 260, AND ANY AMENDMENTS THERETO, AT THE TIMES AND IN THE MANNER THEREIN PROVIDED, AND SHALL FAITHFULLY COMPLY WITH ALL PROVISIONS OF SAID CHAPTER RELATING TO HIM AS SUCH LICENSEE, DURING THE PERIOD THAT SAID PRINCIPAL SHALL BE LICENSED AS SUCH DISTRIBUTOR, THEN THIS OBLIGATION SHALL BE VOID.



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RELEASE AND DISCHARGE OF SURETY LIABILITY SHALL BE IN ACCORDANCE WITH RSA 260:37, II.

IN TESTIMONY WHEREOF, THE PRINCIPAL HAS HERE UNTO SET HIS HAND AND SEAL AND THE SURETY HAS CAUSED THIS INSTRUMENT TO BE SIGNED BY _____ AND ITS CORPORATE SEAL TO BE HEREUNTO AFFIXED THE DAY AND YEAR FIRST ABOVE WRITTEN.

WITNESS:

WITNESS NAME

PRINCIPAL SIGNATURE (SEAL)

WITNESS SIGNATURE

PRINCIPAL TITLE

COMPANY

COUNTERSIGNED,

NH LICENSED AGENT NAME

NH LICENSED AGENT ATTORNEY SIGNATURE (SEAL)

NH LICENSED AGENT SIGNATURE

NH LICENSED AGENT ATTORNEY NAME

NH LICENSED AGENT ATTORNEY TITLE

FOR OFFICIAL USE ONLY

APPROVAL DATES

SECRETARY OF STATE _____

INSURANCE COMMISSIONER _____

BOND DETAILS

BOND AMOUNT: _____

BOND TYPE: _____

BOND NUMBER: _____

EFFECTIVE DATE: _____

CANCEL DATE: _____