



BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 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 - dba)

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 Pennsylvania Insurance Commission as to solvency and responsibility for execution of this bond located at _____

in the City of _____ State of _____,

as **SURETY** - are held and firmly bound unto _____
(Licensor)

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

LICENSOR, in the sum of \$1,000 U.S. dollars, to be paid to said **LICENSOR**, to which payment well and truly to be made upon demand, we bind ourselves and each of us, 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 bound **PRINCIPAL** has made application to the **LICENSOR** for a "License to Resell Amusement Tickets" under the provisions of Act 62 of May 2, 1947, as amended, to engage in the business of reselling amusement tickets in _____
said license to expire on Dec. 31, 20 _____. (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 bound **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 Act 62 of May 2, 1947, as amended, and the regulations of the Department of Revenue 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 bound **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 Act 62 of May 2, 1947, as amended, we do hereby empower the Attorney General of the Commonwealth of Pennsylvania, or any attorney of any court of record, 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 fieri facias our said voluntary condemnation. And we further agree that said real estate may be sold on fieri facias, and hereby waive and release all relief from any and all appraisalment, stay or exemption laws of any state. And for the entering of such judgment this shall be the sufficient warrant for any such attorney, and a copy of this Bond 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. 20 _____

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 _____

_____ **By** _____
Print Name 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

_____ **BY** _____
Name of Surety Pennsylvania Resident Agent

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 _____
Signature Title