



FLORIDA SURETY BONDS, INC.

620 N. Wymore Road, Suite 200
Maitland, FL 32751
(407)786-7770 Fax (407)786-7766
www.FloridaSuretyBonds.com

MOTOR VEHICLE DEALER LICENCE BOND APPLICATION*

Date: _____

1. AGENT/BROKER INFORMATION	Agency/Broker Florida Surety Bonds	Name: Producer # Sonja Harris	Phone #: (407) 786-7770	Fax #: (407)-786-7766
2. BOND INFORMATION	Type of Bond (Attach Bond Form): Motor Vehicle Dealer	Amount of Bond: \$25,000	Effective Date: 05/01/18	
Obligee Name: FL Department of Highway Safety & Motor Vehicles	Obligee Address: 2900 Apalachee Parkway Tallahassee, FL 32399	Expiration Date (if other than one year):		

If bond penalty exceeds \$25,000, submit Business and/or Personal Financials. No tax returns, please.

3. BUSINESS INFORMATION	Company Name (must be exactly as it appears on dealership license):				Business Phone #:
Company Address:	City:	State:	Zip Code:	Business Net Worth: \$	
Nature of Business: Motor Vehicle Dealer	Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/>	Date Formed (Corp. or LLC):	# of Owners, Partners or Members:	How Long in Business?	
Previous Bonding Company:	Reason for Changing Bonding Company (Not Applicable in MO):				

4. PERSONAL INFORMATION	Applicant's name:		Social Security #:		Date of Birth:
Spouse's Name:		Social Security #:		Date of Birth:	
Residential Address:	City:	State:	Zip Code:	Estimated Personal Net Worth: \$	
Ever Declared Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>		Ever Declined for Bonding Previously? Yes <input type="checkbox"/> No <input type="checkbox"/>			

SIGNATURE

DATE

My signature above authorizes the Surety to pull my personal credit in order to obtain my credit score.

You can submit the application by:

-Email to Sonja@FloridaSuretyBonds.com

-Fax to (407)786-7766