

# TEXAS MOTOR VEHICLE DEALER'S BOND APPLICATION

PLEASE PRINT OR TYPE (complete for all owners)

Business or Corporate Name (exactly as it appears on your license)

Business Address

Telephone Number

Address Line 2

Fax Number

City

State

Zip Code

Number of Years in This Business \_\_\_\_\_ Number of Years Licensed \_\_\_\_\_

Type of Bond Requested \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_

Effective Date \_\_\_\_\_ License Number \_\_\_\_\_

**(Select One)**

- Individual
- Partnership
- Corporation
- Limited Liability Company
- Limited Liability Partnership
- Other

## OWNERSHIP INFORMATION

Provide the following information for each owner or stockholder, including yourself (use additional sheet if necessary).

**All owners must sign this application. Changes of ownership must be reported immediately.**

Name

Social Security Number

Home Address

Telephone Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

% Ownership

Does Applicant/Owner own real estate?  Yes  No

Name

Social Security Number

Home Address

Telephone Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

% Ownership

Does Applicant/Owner own real estate?  Yes  No

Name

Social Security Number

Home Address

Telephone Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

% Ownership

Does Applicant/Owner own real estate?  Yes  No