

# License and Permit Bond

Bond Number \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS,**

that We, \_\_\_\_\_  
(Principal's Name)

\_\_\_\_\_  
(Principal's Address: Street, City, State, Zip and Phone)

as Principal and \_\_\_\_\_  
(Surety's Name)

a corporation organized under the laws of the State of \_\_\_\_\_ and licensed to transact business in the State of Texas as Surety, are held and firmly bound unto the City of Irving, 825 W. Irving Boulevard, Irving, Texas 75060, as obligee, in the sum of \_\_\_\_\_ Dollars (\$50,000.00) lawful money of the United States of America, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

**WHEREAS, THE ABOVE** bounden Principal has been or is about to receive a permit or be duly licensed in Public Works restoration in compliance with all City of Irving Ordinances pertaining to Right-of-Way Management by the Obligee in accordance with the rules and regulations of the said Obligee.

**NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION** is such, that if the said Principal shall indemnify and save harmless the Obligee from all damages or claims for damages caused by him or his agents arising out of any work done under and by virtue of such permit or license during the period from the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ to the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ then this obligation shall be null and void; otherwise to remain in full force and effect.

This Surety may cancel this bond at any time by filing with the Obligee thirty (30) days' written notice of its desire to be relieved of any liability. The Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the thirty day period. Please mail or deliver to City of Irving - Capital Improvement Program Department Attn: Utility Franchise Coordinator 825 W. Irving Blvd., Irving, Texas 75060.

Signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**PRINCIPAL:**

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Representative – Title (Print)

**SURETY:**

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Representative – Title (Print)

**WITNESS:**

\_\_\_\_\_  
Signature

**ATTEST:**

\_\_\_\_\_  
Signature