Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155
Phone: (651) 284-5080
Fax: (651) 284-5743
E-mail: DLI.License@state.mn.us
www.dli.mn.gov

Reset

Manufactured Home Limited Dealer Bond

BOND NO.	AMOUNT	EFFECTIVE DATE
	$5,000	

PRINT IN INK or TYPE

KNOW ALL MEN BY THESE PRESENTS:

THAT _____
(Business name as registered with the Office of the Secretary of State)

_____
(DBA, doing business as name if applicable)

With business office at _____
(Business address, City, State, Zip Code, Telephone number)

as PRINCIPAL, and _____
(Surety Company Name)

_____
(Surety Company Address, City, State, Zip Code, Telephone number)

A corporation duly organized in the state of _____ and authorized to do business in the state of Minnesota, as Surety, are jointly and severally held and firmly bound to the state of Minnesota as obligee, in the sum of $5,000 FIVE THOUSAND DOLLARS for the benefit of persons injured or suffering financial loss by reason of failure of such performance as herein specified for the payment of which, we bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents. The bond shall be filed with the Minnesota Department of Labor and Industry and shall be in lieu of all other license bonds to any other political subdivision.

The CONDITION of the above obligation is such that WHEREAS the said Principal is licensed as a Manufactured Home Limited Dealer.

NOW THEREFORE, the condition of this obligation is that the Principal shall faithfully and lawfully comply with Minnesota Statutes and Rules and indemnifies any person dealing or transacting business with the Principal from any loss or damage occasioned by the failure of the Principal to comply with any of the laws, rules and ordinances of the state of Minnesota, then no obligation under this bond shall accrue, otherwise, this obligation shall remain in full force and effect.

This bond shall be effective and run concurrently with the period of the aforesaid license from the date said license is granted in the current year which shall expire on December 31. During the term of this obligation the principal and surety will pay unto the obligee or as otherwise directed by the obligee the amount needed to correct non-complying work. The aggregate liability of the surety hereunder pertains to all claims arising during the period as defined above and shall in no event exceed the total sum of $5,000 FIVE THOUSAND DOLLARS.

Signed and sealed this_____ day of _____

(SURETY SEAL)

_____
Print Name of Principal (s)

_____
SIGNATURE OF PRINCIPAL(S)

_____
Print Name of Principal (s)

_____
SIGNATURE OF PRINCIPAL(S)

Acknowledge (notarize) signatures on reverse side and attach power of attorney form.

_____
NAME OF SURETY

_____
SIGNATURE OF ATTORNEY IN FACT (SURETY COMPANY)

File with: Minnesota Department of Labor and Industry
CCLD – Licensing and Certification
443 Lafayette Road N
St. Paul, Minnesota 55155

A OR B AND C MUST BE COMPLETED

A. FOR ACKNOWLEDGEMENT OF Individual, Partnership, Limited Liability Company or Limited Liability Partnership
(Note: If partnership all signatures required to be notarized. Please copy the page if necessary.)

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same to be his/her/their own free act and deed.

_____

(SEAL)

Notary Public, _____County, _____

My Commission Expires _____

B. FOR ACKNOWLEDGEMENT of Corporate Contractor

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
who being by me duly sworn, did say that he/she is _____
of _____, a _____
corporation; and that said instrument was executed in behalf of the corporation by authority of its Board of Directors; that he/she acknowledged said instrument to be the free act and deed of the corporation.

_____

(SEAL)

Notary Public, _____County, _____

My Commission Expires _____

PART C MUST BE COMPLETED BY THE SURETY COMPANY

C. FOR ACKNOWLEDGEMENT of Corporate Surety

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
and _____ to me personally known, who being by me duly sworn, did say that he/she is the attorney in fact, of _____,the corporation whose name is affixed to the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of the said corporation; and that said instrument was executed in behalf of said corporation by authority of its board of directors and said _____ acknowledged that he/she executed said instrument as attorney in fact as the free act and deed of said corporation.

_____

(SEAL)

Notary Public, _____County, _____

My Commission Expires _____

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.