SURETY BOND

Bond # _____

KNOWN ALL MEN BY THESE PRESENT, That _____
DBA _____ whose address is
_____ as Principal, and
_____ , whose address is
_____ as Surety, a corporation duly authorized to transact the business of Suretyship and Bonding in the State of Ohio, that we are held and firmly bound unto THE BOARD OF HEALTH OF MARION COUNTY, OHIO and **MARION PUBLIC HEALTH as Oblige,** in the penal sum of TEN THOUSAND AND NO/100 Dollars ($10,000.00) for the payment of which well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and/or assigns, jointly and severally, firmly by these presents.

WHEREAS, the above Principal has or is about to register as a contractor with or apply to said oblige for registration as a **Plumbing Contractor** for the term commencing **February 1, 2027, and ending January 31, 2028;** pursuant to the Rules and Regulations of **MARION PUBLIC HEALTH** as they apply to **Plumbing Contractors in Marion County.**

NOW THEREFORE, if said principal shall well and truly, comply with and faithfully discharge his duties according to the terms of said Rules and Regulations relating to the issuance of said license, and fully indemnify and safe harmless the Oblige, ***and any person or persons injured or damaged by failure of said contractor to comply with the terms of said Rules and Regulations and with the terms of the laws of the State of Ohio;*** then this obligation shall be void, otherwise to be and remain in full force and effect.

Signed and acknowledged this _____ day of _____, 20 ___

PRINCIPAL: SURETY:

_____ _____

By: _____