



MUNICIPALITY OF ANCHORAGE

Department of Finance, Treasury Division
632 W. 6th Avenue, Suite 330
Anchorage, Alaska 99501

Tax Liability Bond

Bond # _____

Principal Information:

Business Owner, Entity# _____
Business Name, ABL# _____
Street Address _____
City, State, Zip _____

Surety Information:

Name of Surety _____
Street Address _____
City, State, Zip _____
Phone Number () _____

KNOW ALL BY THESE PRESENTS:

That business owner _____ as principal, DBA _____,
and _____ as surety
authorized to do business in the State of Alaska and execute this bond, are held and firmly bound unto the Chief Fiscal Officer of
the Municipality of Anchorage and his or her successors in office in the sum of \$ _____, the payment of which
we bind ourselves, our executors, administrators, heirs, assigns, and successors, jointly and severally, firmly by this bond.

The condition of the foregoing obligation is the above bound principal shall pay when due all taxes, penalties, interest, and costs
due and to become due and owing to the Municipality of Anchorage by said principal during the effective period of the bond,
under the provisions of **Anchorage Municipal Code (AMC) Chapter 12.45, Rental Vehicle Tax.**

Liability under this bond is effective for the period beginning _____ and ending _____ and shall be
continuous thereafter until such time as the surety may terminate this bond. The bond shall apply to all liens and liabilities which
arise during the effective period of the bond and to which the bond is applicable under law, even if the liens are foreclosed or valid
liens settled after the period of the bond or the liabilities are enforced after the effective period of the bond.

The surety has the right to cancel this bond 30 days after providing written notice to the Municipality of Anchorage. In accordance
with AMC 12.45.055.B., and subject to penalty set forth in AMC 12.45.120.G., the surety shall provide such written notice to the
Chief Fiscal Officer of the Municipality of Anchorage not less than thirty days before the expiration, non renewal, lapse,
termination or other similar event affecting this bond.

In witness whereof, the above bound parties have executed this instrument this _____ day of _____, 20____
the name of each party being hereto affixed and duly signed by its undersigned representative, if any, pursuant to authority of its
governing body.

ATTEST: Authorized Representative of Principal

(Printed name) (Title)

(Signature)

(Seal)

(Notary for Principal)

ATTEST: Authorized Representative of Surety

(Printed name)

(Signature)

(Seal)

(Notary for Surety)