

GARRETT GUILLOZET, MPA, REHS | HEALTH COMMISSIONER

1 - 3 WEST WINTER STREET | PO BOX 570 | DELAWARE, OHIO 43015-0570 PHONE: (740) 368-1700 FAX: (740) 368-1736 | DELAWAREHEALTH.ORG



LICENSE BOND

KNOW ALL MEN BY THESE PRESENT, That we	as Principal, and as Surety, a
corporation duly authorized to transact the business of bound unto THE BOARD OF HEALTH OF DELAWARE F penal sum of FIVE THOUSAND AND NO/100 (\$5,000.00 made, we bind ourselves, our heirs, executors, administ firmly by these presents,	Surety ship in the State of Ohio, are held and firmly PUBLIC HEALTH DISTRICT, OHIO as Obligee, in the District of the payment of which well and truly to be
Sealed with our seals this day of	
THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:	
WHEREAS, the above Principal has or is about to a <u>CONTRACTOR</u> for the term commencing this date and e Regulations of the Delaware Public Health District for Systems.	nding December 31, 2023; pursuant to the Rules and
NOW THEREFORE, if said principal shall well and tr according to the terms of said Rules and Regulations relat and save harmless the said Obligee, and any person of contractor to comply with the terms of said Rules and Re of Ohio; then this obligation shall be void, otherwise to be	ting to the issuance of said license, and fully indemnify or persons injured or damaged by the failure of said egulations and with the terms of the laws of the State
	Principal
	By:
Approved by:	Surety
	By; Attorney-in-Fact