

Office of the Sheriff  
Bastrop County Texas  
200 Jackson Street  
Bastrop, Texas 78602

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**Commercial Bail Bond Business Request**

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On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the undersigned (individual or Corporation) hereby makes this request to conduct the business of commercial bail bondsman, in and for the County of Bastrop Texas, and hereby submits the following information in support of such request.

NAME IN WHICH THIS BUSINESS WILL BE CONDUCTED:

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*(Print or Type Name of Business)*

Business Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This business will be conducted as: (Mark only one):

- Corporation                       Sole Proprietorship                       Limited Partnership  
 General Partnership                       Surety Company

Has "Assumed Name Record" been filed with the County Clerk?     No     Yes *(If yes, filed copy must be attached to this request)*

If this business is a Corporation, a Power of Attorney designating and authorizing the named agent or agents must be filed with the County Clerk of Bastrop County and filed copy of such attached to this request.

If not a Surety Company, please state what type of collateral will be utilized: (Must mark all that apply):

- Cash             Stocks             Bonds             Unencumbered & Non-Exempt Real Property

**Primary Contact Person:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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**NOTICE:** Requestor hereby certifies that the above stated address shall be designated as, the **Official Business Address**, to which all correspondence will be sent, unless notice of any change of address is received in writing by the Sheriff's Office of Bastrop County Texas by certified mail, return receipt requested.

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# AUTHORIZED AGENT LIST

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1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Type or Print)

Address: \_\_\_\_\_  
(Residence) (City) (State) (Zip)

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Type or Print)

Address: \_\_\_\_\_  
(Residence) (City) (State) (Zip)

3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Type or Print)

Address: \_\_\_\_\_  
(Residence) (City) (State) (Zip)

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## QUESTIONNAIRE

1. Has the requestor ever been engaged in the bail bond business?  No  Yes  
 If "Yes", please state how long: \_\_\_\_\_ Years

2. Has the requestor completed at least eight (8) hours of continuing legal education in criminal law or bail bond law courses that are approved by the State Bar of Texas and are offered by an accredited institution of higher education in this state?  No  Yes  
 If "Yes", please state the name of the institution(s) and date received: \_\_\_\_\_

3. How many outstanding bail bonds does the requestor's name appear as of the date of this request? \_\_\_\_\_

4. What is the total bonding liability of the requestor as of the date of this request? \$ \_\_\_\_\_

5. Does the requestor have any unsatisfied judgments pending as surety on a bail bond at the time of this request?  No  Yes **(If "Yes", you must provide the following information):**

County	Cause #	Defendant Name	Date	Bond Amount

6. Does the requestor have any civil litigation other than bond forfeitures pending at the time of this request?  No  Yes **(If "Yes", you must provide the following details):**

\_\_\_\_\_  
 \_\_\_\_\_

7. Has the requestor or any employee or agent of the requestor ever been convicted of any misdemeanor involving moral turpitude or any felony offense in any court in this state or any other state or of the federal government, OR have any criminal charges of any nature pending at the time of this request?     No     Yes **(If “Yes”, you must provide the following details):**

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The requestor hereby declares, as of the date of this request, that each of the forgoing statements contained therein are true and correct. And thereby accurately reflects his/her financial responsibility without any misrepresentations or omissions, which may cause the denial, revocation or suspension of bonding privileges in Bastrop County Texas.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

State of Texas        §  
County of Bastrop   §

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ Who, being by me duly sworn declares he/she has signed the foregoing instrument and that all statements contained therein are true and correct.

Given Under My Hand and Seal of Office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

*Seal*

\_\_\_\_\_  
Notary Public in and for the State of Texas

\_\_\_\_\_  
Name (Please type or print)

*Commission Expires:* \_\_\_\_\_