DRAFT

# Fuel or Pollutants Tax Cash Bond

FLORIDA DEPARTMENT OF REVENUE

**Mail To:**
Account Management Fuel Unit
Florida Department of Revenue
PO Box 5500
Tallahassee FL 32314-5500

DR-157B
01/26 R. ~~01/21~~
~~TO 03/22~~
Rule 12B-5.150, F.A.C.
Effective ~~04/21~~
01/26

~~Please complete and submit a separate bond form for each fuel product type or taxable pollutant. Importers must provide a separate bond form as surety for the required "Importer's Additional Bond." An applicant cannot be issued a fuel license by the Department of Revenue until the proper surety is submitted. For additional information, contact the Account Management Fuel Unit at 850-488-6800.~~

Florida law requires you to submit a bond or other form of security to the Department to obtain a Florida fuel license or pollutants license. You may submit an assignment of time deposit, bond, or an irrevocable letter of credit. A separate bond or other form of security is required for each product type or taxable pollutant. If you are licensed as an importer and a wholesaler, a separate importer's bond is required in addition to a wholesaler's bond. See Form DR-157W, Bond Worksheet Instructions (incorporated by reference in Rule 12B-5.150, F.A.C.), to compute the amount for each bond or other form of security. For additional information, contact Taxpayer Services at 850-488-6800 or email motor_fuel@floridarevenue.com.

❑ Motor Fuel License No. _____

❑ Diesel Fuel License No. _____

❑ Aviation Fuel License No. _____

❑ Pollutants Tax License No. _____

❑ Importer's License No. _____

Amount $ _____

This is a cash bond or deposit made by the person or firm shown below to secure and guarantee payment of:

( ) Motor Fuel pursuant to Chapter 206, Florida Statutes (F.S.)

( ) Pollutants Tax pursuant to Chapter 206, F.S.

( ) Diesel Fuel pursuant to Chapter 206, F.S.

( ) Importer's Additional Bond pursuant to section 206.051, F.S.

~~( ) Aviation Fuel pursuant to Chapter 206, F.S.~~

From: _____
(Name of Owner)

_____
(Trade Name)

Address: _____
(Street Address)

_____
(City) (County) (State) (ZIP)

## For DOR Use Only

Accepted this _____ day of _____ (month), _____ (year).

**Florida Department of Revenue**

By _____
Name

_____
Title

Account Number: _____

Money Order No. _____

Cashier's Check No. _____

Certified Check No. _____

NOTE: The original bond will be maintained by the Florida Department of Revenue.