This document is one of three forms required for a complete license application. Please submit signed and completed document (with original signatures) to Austin Transportation's Mobility Services Division.

| modific, services binisteri | | |
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| THE STATE OF TEXAS COUNTY OF TRAVIS | LICENSE SURETY BOND | KNOWS ALL BY THESE PRESENTS: BOND NO |
| PRINCIPAL,, (chin the commercial use of sidewalks or within the City of Austin, Texas ("CITY" | City public right of way for the display, sale, lea | |
| principals, agree to bind ourselves, ou | | the State of Texas to act as surety on bonds for unto the CITY and to all persons who may suffer the sum of ONE HUNDRED THOUSAND |
| a. PRINCIPAL shall indemnify and hold or property, including all costs and explored by the property of the pro | penses, arising out of PRINCIPAL's use of the right and correct any defect to the right-of-way, can of one year following completion of same; e in concentration dockless mobility units the ingestion or make access to abutting property holits that the director deems unsafe for use due tharges, fines, assessments or judgments levied is, which may become due to the CITY or to other essesshall perform all work in strict compliance were small perform all work in strict complianc | ntities from all claims for damages to any person ght-of-way within the CITY; used by PRINCIPAL's use of the right-of-way and at the director has determined, that cause or |
| such to the CITY and to the Director of after thirty (30) working days from the on any transaction begun before the e PRINCIPAL will be suspended from all | effective date of the cancellation or restriction. rights and privileges and no license will be issue | ancellation or restriction becomes effective n or restriction does not affect SURETY'S liability |
| | PAL and SURETY from the day of, and executed this, | 20, until midnight, the day of , 20 |
| PRINCIPAL BY: | SURETY BY: | |
| (Signature) | | ature) |

Name: _____

Title:

Address:

Address: ______Phone: _____

Name: _____

Title:

Address:

Address:

Phone: