



City Clerk's Office  
 300 W. Ash, Rm. 206  
 P.O. Box 736  
 Salina, KS 67402-0736  
 (785) 309-5735

For office use only: Licensing Year: _____ Registration No.: _____
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## REGISTRATION FOR BAIL BOND INSURANCE AGENT

Name of Agent \_\_\_\_\_

Residence Address \_\_\_\_\_ Phone \_\_\_\_\_

Doing business as \_\_\_\_\_

Local business address \_\_\_\_\_ Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Manager or Supervisor \_\_\_\_\_

Name of Underwriting Insurance Co. \_\_\_\_\_

Name of Contact Person at Underwriting Co. \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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I have attached the following documents:

\_\_\_\_\_ Copy of Kansas State Insurance License

\_\_\_\_\_ Proof that the Insurance Company is authorized to do business in the State of Kansas

\_\_\_\_\_ Copy of the power of attorney

\_\_\_\_\_ Sample bond form

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**I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I understand that violating these regulations will result in the inability to operate as a bail bonding agency for Salina Municipal Court.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

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The foregoing application is approved/disapproved.

Date \_\_\_\_\_

City Clerk

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### For Office Use Only:

Amount Paid \$ _____	Receipt No. _____	Date _____	Received by: _____
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