



Bond 6759155

2011
MAY 12 4 08 PM

LICENSE OR PERMIT BOND

KNOW ALL BY THESE PRESENTS, That we, DLC INDUSTRIAL SERVICES, INC. DLC LANDSCAPING & SNOW REMOVAL, INC. as Principal, of 10971 Four Seasons Place Suite 212

Crown Point INDIANA and the AMERICAN STATES INSURANCE COMPANY
(City) (State)
, a INDIANA corporation, as Surety, are held and firmly

bound unto Board of Commissioners of the County of Lake, State of Indiana, and any Cities and Towns in Lake County, Indiana, as Obligee, in the sum of Five Thousand Dollars And Zero Cents

Dollars (\$ 5,000.00) for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals, and dated this 4th day of May

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be granted a license or permit to do business as Landscaping

by the Obligee.

NOW, THEREFORE, if the Principal well and truly comply with applicable local ordinances, and conduct business in conformity therewith, then this obligation to be void; otherwise remain in full force and effect.

PROVIDED, HOWEVER:

1. This bond shall continue in force:

Until May 4, 2012, or until the date of expiration of any Continuation Certificate executed by the Surety

OR Until canceled as herein provided.

2. This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less than thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

** I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. **

DLC INDUSTRIAL SERVICES, INC. DLC LANDSCAPING & SNOW REMOVAL, INC.



Principal



AMERICAN STATES INSURANCE COMPANY

By Tim Mikolajewski AMOUNT \$ 12
Tim Mikolajewski, Vice-President CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM XDP
CLERK AD

AMOUNT \$ 12
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM
CLERK AD