



Application for Auctioneer License

To the County Auditor of the County of Washington, State of Minnesota

APPLICANT INFORMATION	FULL LEGAL NAME		DATE OF BIRTH	PHONE	
	BUSINESS NAME		EMAIL		
	STREET ADDRESS		COUNTY		
	CITY	STATE	ZIP	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL _____ (current expiration date)	

STATEMENT OF UNDERSTANDING	Under MN Stat. 330 I hereby apply for a license as an auctioneer to sell real estate and/or personal property at public auction and carry on the business of an auctioneer in the State of Minnesota for the period of one year.		PROVIDE ONE	MN EMPLOYER ID NUMBER
	<input type="checkbox"/> I certify I have paid the required \$20 fee. (Do not mail cash) <input type="checkbox"/> I state that a surety bond has been filed with and approved by Washington County in an amount not less than \$1,000 but not more than \$3,000.			FEDERAL EMPLOYEE ID NUMBER (FEN)
				SSN
RESIDENT		NON-RESIDENT		
<input type="checkbox"/> I am least 18 years of age and a resident of Washington County for at least six months prior to the date of this application.		<input type="checkbox"/> I am least 18 years of age and have resided at my current residence for no less than six months prior to the date of this application. <input type="checkbox"/> I have provided a certified copy of an auctioneer's license granted by another licensing authority. <input type="checkbox"/> I have provided a copy of the state auction laws as certified by an authorized official of the resident state.		
		M.S. 270C.72 - All licensing authorities must require the applicant to provide the applicant's Social Security number or individual taxpayer identification number and Minnesota business identification number, as applicable, on all license applications.		

CERTIFICATION OF COMPLIANCE MINNESOTA WORKERS COMPENSATION	Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information that is required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure.		I AM NOT REQUIRED TO HAVE WORKER'S COMPENSATION LIABILITY COVERABLE BECAUSE: <input type="checkbox"/> I have no employees <input type="checkbox"/> I am self-insured (include permit to self-insure) <input type="checkbox"/> I have no employees who are covered by the workers' compensation law (these include spouse, parent, children and certain farm employees)
	This information is required by law and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.		
	INSURANCE COMPANY NAME	POLICY NUMBER	
DATES OF COVERAGE			

Wherefore, applicant requests that an Auctioneer License be issued to the undersigned in conformity with the laws, which this license is granted.

Licensee Signature _____ Date _____

NOTARY

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 20_____

BY _____

OFFICE USE

PAYMENT METHOD CASH (DO NOT MAIL) CHECK# _____ _____ initials