

Expiration Date: _____ Amount \$ _____

APPLICATION FOR PUBLIC AUCTIONEER LICENSE UNDER CHAPTER 815 SLCRO

PLEASE ANSWER **EACH** QUESTION. WHERE NOT APPLICABLE, SO STATE. IF ADDITIONAL SPACE IS NEEDED, USE BACK OF APPLICATION OR SEPARATE PIECE OF PAPER. ANY APPLICATION NOT **COMPLETELY** FILLED OUT, SIGNED AND NOTARIZED WILL BE RETURNED.

NAME OF APPLICANT _____ / _____ / _____
FIRST MIDDLE INITIAL LAST SOCIAL SECURITY NO.

RACE SEX DATE OF BIRTH PHONE #

HOME ADDRESS _____

STREET CITY STATE ZIP CODE

MAILING ADDRESS, IF DIFFERENT FROM HOME ADDRESS:

PERSON/BUSINESS STREET CITY STATE ZIP CODE

NAME OF FIRM, CORPORATION OR ASSOCIATION _____

WHERE ORGANIZED OR INCORPORATED _____

LENGTH OF TIME APPLICANT HAS RESIDED IN MISSOURI _____

LENGTH OF TIME APPLICANT HAS BEEN IN BUSINESS IN ST. LOUIS COUNTY AS A:

LICENSED AUCTIONEER _____ OR LICENSED AUCTION-CRIER _____

OR RETAIL/WHOLESALE MERCHANT OF ANY PROPERTY _____

TIME AND PLACE OF ANY PREVIOUS AUCTION(S) CONDUCTED BY APPLICANT IN ST. LOUIS COUNTY IN THE PAST **TWO (2) YEARS** _____

NAME(S) AND ADDRESS(ES) OF PERSON(S) **IN APPLICANT'S EMPLOY** TO BE LICENSED AS HIS/HER AUCTION-CRIER _____

GENERAL DESCRIPTION OF MERCHANDISE TO BE SOLD _____

NAME AND ADDRESSES OF OWNERS OF MERCHANDISE TO BE SOLD _____

LOCATION OF AUCTION TO BE HELD _____

LENGTH OF TIME _____ DATES _____

HAS APPLICANT EVER BEEN CONVICTED OF ANY VIOLATION OF ANY FEDERAL, STATE, COUNTY OR MUNICIPAL LAW?
YES _____ NO _____ All applications will be forwarded to the Police Department for a
Records Check.

IF YES, DESCRIBE FULLY _____

I certify that all answers and statements made on this application and any attachments are true to the best of my knowledge. I agree and understand that any misstatement of material facts herein is cause for suspension or revocation of license.

PRINT NAME

SIGN NAME

Subscribed and sworn to before me this _____ day of _____, 19 _____

My Commission Expires: _____

Notary Public