

Expiration Date: _____ Amount \$ _____
APPLICATION FOR "PUBLIC AUCTION CRIER" LICENSE
UNDER ST. LOUIS COUNTY ORDINANCE 815 SLCRO

NAME OF APPLICANT _____

First Middle Initial Last

HOME ADDRESS _____

Street City State Zip Code

Phone Number

How Long Has Applicant Been a Resident of Missouri? _____

Business or Occupation for the Past year _____

Address of Business or Occupation for the Past Year _____

Name of Licensed Public Auctioneer

Address

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.

Signature of Auction Crier

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

My Commission Expires:

Notary Public

Signature of Licensed Auctioneer

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

My Commission Expires

Notary Public