

New Expiration Date:

Amount \$ 52.00

ST. LOUIS COUNTY 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 _____

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 _____, _____

My Commission Expires: _____
Notary Public

INSTRUCTIONS FOR AUCTIONEER APPLICATION

PLEASE ANSWER EACH QUESTION. IF NOT APPLICABLE, WRITE N/A. 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. RETURN WITH PAYMENT OF \$52.00 PAYABLE TO ST. LOUIS COUNTY DEPARTMENT OF REVENUE.

Licensing Division

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FAX 314/615-5125 web <http://www.stlouisco.com> revised as of Jan 2012