

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