

Auctioneer License Application

Chapter 343 RSMo. and H.B. 1170 REV 1978

STATE OF MISSOURI)
) **SS.** To the Collector of Revenue of Johnson County, Missouri
COUNTY OF JOHNSON)

The undersigned, _____
Name of Applicant (Please Print)

doing business as _____
Business Name

whose principle business address is _____
 Street Address, City (No PO Box)

Missouri, hereby makes application for a Public Auctioneer License for the period as checked below

	☐	☐	☐	☐	☐
Licensing Period	12 Months	6 Months	3 Months	1 Month	10 Days
Fee Payment Required	\$52.00	\$32.00	\$22.00	\$12.00	\$7.00

with the starting date of _____, 20____ subject to
the provisions of Chapter 343 and HB 1170 Rev 1978.

Applicant hereby agrees every person who shall violate any of the provisions of this chapter is guilty of a misdemeanor, and, upon conviction, shall be punished by a fine of not less than twenty nor more than five hundred dollars, and shall be disqualified from exercising the rights or pursuing the business of an auctioneer for a period of one year form the date of his conviction. After January 1, 1979, every person who shall violate any of the provisions of this chapter is guilty of a Class C misdemeanor and shall be disqualified from exercising the rights or pursuing the business of an auctioneer for a period of one year from the date of his conviction.

It is also expressly understood and agreed that the license granted to me may be revoked at any time upon proper showing of any violation by me or my employees of any law of the State of Missouri or if any regulation, ordinance or rule of the city concerning said business of Public Auctioneering, and upon revocation thereof I shall not be entitled to a refund in whole or in part of the fee paid for this license.

Signature of Applicant (if being mailed, do not sign until with a notary)

Phone Number

Fax Number

Contact Email

Date _____

Mailing Address (if different from above)

Notary required for submission by mail

State of Missouri

County of Johnson

Subscribed and sworn before me, a notary public on this _____ day of _____, 20_____

(seal)

Notary Public

Checks are to be made payable to Johnson County and submitted to the County Clerk.

Date Received: / /

Date in Minutes: / /

Approval:

Date in Database: / /

Presiding Commissioner

Date License Sent: / /

Eastern Commissioner

Western Commissioner