

CASS COUNTY AUDITOR-TREASURER

APPLICATION FOR AUCTIONEER LICENSE



*Applicants for an auctioneer license must be at least 18 years of age or older.
Minnesota residents must have resided in Cass County for the past six (6) months.*

Mail or deliver this completed application to our office along with the following:

1. Proof of surety bond in the amount of \$1,000.00 - \$3,000.00.
2. Fee amount of \$20.00 made payable to the Cass County Auditor-Treasurer.

Non-Residents of Minnesota must also attach the following to this application:

1. A certified copy of your auctioneer's license issued by your state of residence
2. A certified copy of your resident state's auction laws

The undersigned respectfully applies for a license as an Auctioneer to sell real and personal property at public auction and carry-on business of an Auctioneer.

Applicant Name:	Applicant DOB:
Applicant Address:	
Mailing Address (If Different):	
Business Name:	
Business Address (If Different):	
Email Address:	Phone Number:
Township:	

According to Minnesota State Statute 270C.72, subd. 4, Social Security Number and Business Identification Numbers are Required on All Applications for Licenses.

Social Security Number:	
MN Tax ID:	FEIN:

Signature of Applicant: _____ Date: _____

For Office Use Only:

License No: _____

License Start: _____

Deputy Signature: _____

License Expiration: _____

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IRREVOCABLE CONSENT FOR NON-RESIDENT AUCTIONEERS ONLY



Pursuant to Minnesota Statutes Section 330.11 subd.3, and for the purpose of applying for and being granted a license as an Auctioneer:

I, (print name) _____ hereby
irrevocably consent that suits and actions may be commenced against me in any
court of competent jurisdiction in the state of Minnesota by service on the Secretary
of State of any summons, process, or pleadings authorized by the laws of the state
of Minnesota. The service of such process or pleadings on the Secretary of State
shall be taken and held in all courts to be as valid and binding as if due service had
been made upon me in the state of Minnesota.

Applicant Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me this _____ day of _____, 20____,

(Signature of Notary)

My Commission Expires _____

(Stamp/Seal)