



Application for Auctioneer License

Office Use Only

ID #: _____

Total: \$20

Employee Initial _____

Applicant Information

First name: _____ Middle name: _____ Last name: _____

Date of Birth: _____ Phone number: _____

Fax number: _____ Email Address: _____

MN employer ID number: _____

Federal employer ID number: _____ Date of issuance: _____

Business Address

Business trade name: _____

Address of business location: _____

City: _____ State: _____ Zip Code: _____

Residential Address

Residential Address: _____

City _____ State _____ Zip Code _____

Business information

Type of Legal Organization

☐ Sole Proprietor ☐ Partnership ☐ Corporation

If you are a corporation, enter date and state of incorporation: _____

Are you registered with the MN Secretary of State? ☐ Yes ☐ No

Full Name: _____

Branch Office Locations (attach a list for multiple locations)

Address: _____

City: _____ State: _____ Zip: _____

Statement of understanding

Under MN Stat. 330, I hereby apply for a license as an auctioneer to sell real estate and/or personal property at public auction and carry on the business of an auctioneer in the State of Minnesota for the period of one year.

I am at least 18 years of age and a resident of Olmsted County for at least six months prior to the date of this application.

I have attached my corporate surety bond to this application in a penal sum of not less than \$1,000.00 and not more than \$3,000.00 to be fixed by Olmsted County and with sureties approved by the treasurer, conditioned that I will pay all sums required by law and in all things conform to the laws relating to auctioneers.

Signatures

Licensee signature: _____ Title: _____

Print name: _____ Date: _____

Licensing Agents' signature: _____ Title: _____

Print name: _____ Date: _____

Payment method

☐ Credit Card (MasterCard/Visa/Discover, 2.15% convenience fee)

Cardholder name: _____ Card number: _____

Valid thru (MM/YY): _____ 3-digit code: _____

☐ Check number: _____ Make check or money order **payable to Olmsted County**. DO NOT SEND CASH. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.

☐ Money order number: _____

Send your application and payment to:

Olmsted County Vital Records Office
151 4th Street SE
Rochester, MN 55904
Fax: (507) 328-7965 (credit card payments only)