

# RESIDENT AUCTIONEER LICENSE APPLICATION

Houston County, Minnesota

Fee: \$20.00; Surety Bond: In the amount of at least \$1,000

TO THE COUNTY AUDITOR OF HOUSTON COUNTY, STATE OF MINNESOTA: For the purpose of securing a license to transact the business of an Auctioneer under the provisions of Minnesota Statute Chapter 330 within the County of Houston and State of Minnesota, the undersigned respectfully makes application for such license and submits the following statement of facts as provided by law:

## APPLICANT

I have been a resident of Houston County, MN for at least six months immediately preceding the date of application.  
 Yes  No

I am at least eighteen years of age.  
 Yes  No

Applicant's Full Name	Date of Birth	Social Security #	
Applicant's Resident Address	City	State	Zip
Applicant's Mailing Address	City	State	Zip

Business Name (d/b/a, if applicable)			
Minnesota Tax ID # (if applicable)	Federal Tax ID # (if applicable)		
Email Address	Telephone #		

## CERTIFICATION OF COMPLIANCE OF MINNESOTA WORKERS COMPENSATION LAW

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure.

This information is required by law and license and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

## WORKER'S COMPENSATION INSURANCE

Are you required to have workers' compensation insurance?  Yes  No

If no, I am not required to have workers' compensation coverage because:

- I have no employees
- I am self-insured (a copy of your permit to self-insure is required)
- I have no employees covered by workers comp law (ie: spouse / parents / children / certain farm employees)

If yes, Insurance Company Name:	Policy #:
Effective Date:	Expiration Date:

## SURETY BOND

Insurance Agent's Name	Insurance Agent's Phone #
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## SIGNATURE/NOTARY

By submitting this application, I certify under the penalty of perjury that statements made in this application are true and inclusive to the best of my knowledge. I further certify that I am at least eighteen years old and have resided in Houston County, MN, for the preceding six months. I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law. I acknowledge that the County of Houston, Minnesota reserves the right to examine supporting documentation and information provided herein.

Applicant Signature:	Date:
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State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ the above applicant personally appeared before me and acknowledged that he/she executed the same as his/her free act and deed.

Notary signature	Notary stamp/seal
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