

Post Office Box 50, Morton, MS 39117 601-750-4909 601-732-6447 (fax) support@auctioneers.ms.gov

FIRM LICENSE APPLICATION

The undersigned applicant hereby applies to the Mississippi Auctioneer Commission for an Auctioneer Firm License under the provisions of Mississippi Law passed during the 1995 Legislative Session, Book 1, Chapter 405, Section 1 through 27, Code of Mississippi, 1995 and the Rules and Regulations, as amended, by the Mississippi Auctioneer Commission, Section 73-4-1. §73-4-3 (b) defines an "auction firm" as any business establishment or other location owned by any entity other than a duly licensed auctioneer where goods are sold or advertised to be sold at auction or on any recurring basis; §73-4-27 (2) indicates that any person who is not otherwise licensed under this chapter and who only provides auction services or holds himself out as providing auction services shall do so only with a valid auction firm license issued under this section.

The support of this application, the applicant makes the representations contained herein as truthful with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny permission to take an examination or to deny a license after examination or to withhold renewal of or suspend or revoke a license if issued by the Commission.

The undersigned applicant understands the Commission may make such inquiry and investigation concerning the applicant's character, criminal record and background as the Commission, in its' judgment, deems proper and said applicant further agrees to furnish any additional information requested by the Commission and agrees to appear before the Commission in person, if requested to do so.

The undersigned applicant also underst	ands that this license will	expire on March 1	in odd numbered years
regardless of the original date of issue.	There is no prorated fees	for partial licenses	less than two (2) years

NOTICE: Public law requires that we advise you that a routine inquiry may be made during the processing of your application which will provide information concerning character, general reputation, criminal history, personal characteristics, and mode of living. Further information on the nature and scope of such inquiry, if one is made, will be available to you upon written request to the Commission.

IDENTIFY METHOD OF ENTRY FOR LICENSING (choose one)		
Mississippi Resident		
Out-of-State Reciprocal (coming from a state that has a reciprocal agreement with		
Mississippi)		
Out-of-State Non-Reciprocal		

APPLICATION DETERMINATION

IF YOU <u>OWN AN AUCTION ESTABLISHMENT</u> (FIRM), PLEASE CHECK ALL THE APPROPRIATE BLANKS BELOW:				
a I am the owner of this auction firm OR if the auction firm is a corporation or partnership, I am an officer of record; b I serve as the auctioneer and firm manager on behalf of the auction facility. If you check both "a" and "b" above, STOP! - you are NOT required to have a MISSISSIPPI				
FIRM LICENSE.				
If you did <u>not</u> check "a" above, then the OWNER MUST COMPLETE THE FL.01 and pay the required fees for licensing the firm.				
§ 73-4-27 (7) states that if the applicant for a firm license maintains more than one (1) place of business within the State of Mississippi, the applicant shall apply and obtain an additional firm license for each location.				
I understand that a separate license shall be required for each business location of the owner of multiple auction facilitiesYes, I understand				
. Firm Name:				
Sole Propriety Corporation Partnership LLC Own Rent				
he auction facility does not violate zoning or any other use restrictions Correct				
RS Tax ID Number, if applicable for a corporation or partnership:				
RS Tax ID Number, if applicable for a corporation or partnership:				
irm Contact Name and Title:				
Firm Contact Name and Title:				
Contact Name and Title:Social Security No.:				
Contact Name and Title: Social Security No.: Sontact Email Address (required):				
Contact Name and Title: Social Security No.: Social Securi				
Contact Name and Title: Social Security No.: Social Securi				
Contact Number: Social Security No.:				

Physical: _					
-	Number	Stre	eet		
	City	County	State	Zip	
Mailing:					
	Number	Stre	eet		
-					
	City	County	State	Zip	
3. Firm Tel	ephone Number (ind	cluding area code)			
4. Firm Fax	Number (including	area code)			
	miciled State:				
3. FIIIII DO	miched State				
6. Mississi	ppi Auctioneer Firm	Manager:		License #:	
2. Physica	I Address of Additio	nal Location Place			
-	I Address of <u>Additio</u> ost Office Box acce		of Business: (
required. P			of Business: (
required. P			of Business: (Iress only.)		
required. P	ost Office Box acce	pted as mailing add	of Business: (Iress only.)		
required. P Physical: _	ost Office Box acce	pted as mailing add	of Business: (Iress only.)	Physical addresses	
required. P Physical: _	ost Office Box acce	pted as mailing add	of Business: (Iress only.) eet State	Physical addresses	
required. P Physical: _	Number City Number	Street as mailing add	of Business: (Iress only.) eet State	Physical addresses Zip	
required. P Physical: _ Mailing: _	Number City Number City City	Street as mailing add Street County Street	of Business: (Iress only.) eet State State	Physical addresses Zip Zip	
required. P Physical: _ Mailing: _	Number City Number City City	Street as mailing add Street County Street	of Business: (Iress only.) eet State State	Physical addresses Zip	
required. P Physical: _ Mailing: _ 3. Firm Tel	Number City Number City ephone Number (inc	Stree County County County County	of Business: (Iress only.) eet State eet State	Physical addresses Zip Zip	
required. P Physical: Mailing: 3. Firm Tel 4. Firm Fa	Number City City City ephone Number (including	Stree County County Cluding area code) area code)	of Business: (Iress only.) eet State et State	Physical addresses Zip Zip	
required. P Physical: Mailing: 3. Firm Tel 4. Firm Fax 5. Firm Do	Number City City City ephone Number (including	County County Cluding area code)	of Business: (Iress only.) eet State State	Physical addresses Zip Zip	

7. I, on behalf of the Firm, wish to OPT-OUT of any release	of any information contained in
this application: YES	-

Who is responsible	for the following?	
Job Task	Job Title	Name of Responsible Individual
Prepares a signed receipt for items received for sale at auction at the time the goods are received		
Manages the escrow account wherein all funds received are placed		
Issues the settlement on personal property within five (5) business days of the auction sale		
Maintains all records which must be detailed and maintained in a safe place for a period of not less than two (2) years		
Prepares the written agreement between the firm manager and the firm		
Responsible for all advertisements of auctions and ensures that all advertisements for auction contains the auctioneer's name and license number, the auction firm name and license number and notification to the public if the auction is classified as an absolute auction.		

8.	requirements are not met within submit a new application and fe	good for thirty (30) days. If all application this thirty (30) days, you will be required to
	Out-of-state auction firm fee for each bu Application processing fee Out-of-state vendor fee License fee Total: \$550.00 X (number of loc	\$100.00 \$250.00 \$200.00.
	In-state auction firm: Application processing License fee Total: \$300.00 X (number of logicable fees must be paid by money orderation is submitted.	\$100.00 \$200.00 ocations) = \$ er or cashier's check and mailed when the

READ AND ANSWER EACH QUESTION CAREFULLY AND COMPLETELY.

9.	Has this FIRM ever held a FIRM license in Mississippi? If so, list the date.	◯ Yes ◯ No			
10.	(a) List all the states and license numbers that your firm is <u>currently</u> licensed in.				
	State: License #:	ou iii.			
	State: License #:				
	State: License #:				
	State: License #:				
	State: License #:				
	State:License #:				
	State:License #:				
	State:License #:				
	State:License #:				
	State:License #:				
	State:License #:				
	b) Please request a letter of good standing from each state that this FIRM				
	in. Request that this letter be sent via email, fax or mail directly from the s This is required for licensing.	state of jurisdiction.			
44	Lint lineans that were musically hold within the last five year but one and	annan activa			
11.	List licenses that were previously held within the last five year but are no l State:License #:	onger active.			
	State:License #:				
	State:License #:				
	State:License #:				
12.	At this time, does this firm have an application for a firm license pending				
	before this Commission or any other Licensing Board or Commission?				
	If yes, list all pending applications.				
	July 100 Jul				
13.	Has this firm ever been denied a firm license, in this or any other state or				
	jurisdiction? If yes, attach a separate statement giving complete details.	○ Yes ○ No			
14.	Has this firm ever had a firm license suspended, revoked, or				
	surrendered, or has this firm ever been disciplined by a Licensing	○ Yes ○ No			
	Authority in this or any other state or jurisdiction? If yes, attach a				
	separate statement giving complete details.				
15.	Has this firm ever had any other business or professional license of any				
	type suspended, revoked, or surrendered in this or any other state or				
	jurisdiction? If yes, attach a separated statement giving complete				
	details.				
16.	Has the Firm Manager, Owner, Officers or Agent(s) of the firm ever been				
	arrested, indicted, or convicted of any criminal offense including felony				
	and/or misdemeanor arrest in this or any other state or jurisdiction? If				
	yes, attach a separated statement giving complete details.				
17.	Has the Firm Manager, Owner, Officers or Agent(s) of the firm been				
	involved in a civil law suit within the past ten (10) years? If yes, attach a				
	separate statement giving complete details including whether you were	◯ Yes ◯ No			
	the plaintiff or defendant, what the suit alleged or involved and the final				
	disposition of each case.				

Are there any unpaid judgments of debt or garnishments now outstanding against this firm? If yes, attach a separate statement givin complete details.	g Yes O No			
List all addresses where this firm has operated during the past five (5) years, beginning with the present address:				
Address City State From (Mo/Yr)	To (Mo/Yr)			
Name of Bonding Company:				
Agent's Name:				
Agent's Phone:				
Bond Number:				
Issue Date:				
Expiration Date:				
The Mississippi Auctioneer Commission Bond must be completed by the	ne bond agent and			
returned (along with the Power of Attorney) within 30 days of applicatio	n submittal. No			
license(s) will be issued until received. The Bond form can be located u	under the "Forms" tab			
on the website (www.auctioneers.ms.gov) and should be mailed to the l	MS Auctioneer			
Commission directly from the bond agent.				
	outstanding against this firm? If yes, attach a separate statement givin complete details. List all addresses where this firm has operated during the past five (5) yethe present address: Address City State From (Mo/Yr) Name of Bonding Company: Agent's Name: Agent's Phone: Bond Number: Issue Date: Expiration Date: The Mississippi Auctioneer Commission Bond must be completed by the returned (along with the Power of Attorney) within 30 days of application license(s) will be issued until received. The Bond form can be located upon the website (www.auctioneers.ms.gov) and should be mailed to the least of the state of			

Affidavit of Firm Applicant

This Affidavit is to be executed by the applicant before a Notary Public.

The undersigned, in making this application to the Mississippi Auctioneer Commission, do hereby swear or affirms that he/she is the applicant named herein and that the answers and the information contained herein are true to the best of his/her knowledge and belief.

Signature of Applicant:		
Subscribed and sworn to before me this	day of	, 20
My commission expires		
		Notary seal
Notary Public		
Affidavit of Firm Manager (Lice	ensed Auctione	er) of Firm Applicant
This Affidavit is to be executed by the applican	nt before a Notary Pub	lic.
The undersigned, in making this application to swear or affirms that he/she is the firm manage above and acknowledges that he/she is engage acceptance of, offers for the purchase of good understand that I am responsible for ensuring sale at auction at the time the goods are receive trust account; c) ensure that settlement on perdays; d) ensure that all records are detailed and than two (2) years; e) that an agreement is entonamed herein; and f) that all advertisements of the auction firm name, the auctioneer's and the auction is to be an absolute auction. Signature of Firm Manager:	er and licensed auction ed in the calling for, the last or real estate at the state; a) there is a signification of the last o	neer for the applicant identified be recognition of, and the firm location above. Further, I ed receipt for items received for ed is placed in an escrow or ursed within five (5) business place for a period of not less firm manager and the firm contain the auctioneer's name, n license number and if the
Subscribed and sworn to before me this	day of	, 20
My commission expires		Notary seal
Notary Public		