

APPLICATION FOR NON-RESIDENT AUCTIONEER LICENSE (new or renewal)

office use only:
LICENSE #33- _____
R # _____
Expiration _____
01 061 5121 \$20.00

TO THE AUDITOR OF KANABEC COUNTY, STATE OF MINNESOTA:

The undersigned hereby applies for a license to conduct the business of an auctioneer in the State of Minnesota for the period of one year and in support of this application states the following:

1. That I am a resident of the State of _____;
2. That I am ____ years of age;
3. That I have read and signed the irrevocable consent statement at the bottom of this application;
4. That I have paid a fee of \$20.00 to the Auditor of Kanabec County.

STATEMENT OF IRREVOCABLE CONSENT

STATE OF MINNESOTA}
COUNTY OF KANABEC}

I, _____, stipulate the following:

Please print

1. I consent that suits and actions may be commenced against me in any court of competent jurisdiction in this state by the service on the Minnesota Secretary of State of any summons, process, or pleadings authorized by the laws of the State of Minnesota;
2. The service of such process of pleadings on the Minnesota 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.

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 MSS 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 \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
NOT the insurance agent (*THIS MEANS NOT THE INSURANCE AGENT*)

Policy number: _____ Dates of coverage: _____

OR

I am not required to have workers' compensation liability coverage because (check one):

- () I have no employees;
- () I am self-insured (include a copy of permit to self-insure)
- () I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees)

I certify that the information provided on this application is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Subscribed and sworn to before me

this ____ day of _____, 200__

Applicant signature

Date

Address (please print)

Notary Public

Notary stamp/seal