

APPLICATION FOR 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 _____ years of age;
2. That the applicant is now and has been a resident of Kanabec County for at least six months immediately preceding the date of application;
3. That I have paid required fee of \$20.00 to the Auditor of Kanabec County.

LICENSE APPLICANT INFORMATION

Pursuant to Minnesota Statutes 270C.72, the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government data Practices act and the Federal Privacy Act of 1974, we must advise you that:

This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue Delinquent taxes, penalties or interest and;

The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service; and

Failure to supply this information may jeopardize or delay the issuance of your licensing or processing your renewal application.

Personal Information

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____ **MN Tax ID Number:** _____

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 _____, 20_____

Applicant signature

Date

Notary stamp/seal

Notary Public