



Dakota County License Application Auctioneer License

Applicant Information

Applicant's legal name

Applicant's Date of Birth

Business Trade Name (doing business as)

Daytime Phone Number

Business Address

Email Address

Residence Address (if different than business address)

County of Residence

Business Information

Minnesota Employer ID Number

Federal Employer ID Number (FEIN)

Type of legal organization (check one)

Sole proprietor

Minnesota Corporation: Date of Incorporation _____

Partnership

Out-of-State Corporation: State of Incorporation _____

Other _____

Are you registered to do business in Minnesota? Yes No

Branch office locations (attach a list if necessary)

Branch Office Address

Branch Office Address

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

I state that a surety bond has been filed with and approved by the County of Dakota in an amount no less than \$1,000.00

Applicant Signature

Date

Dakota County Public Services and Revenue Division

1590 Highway 55, Hastings MN 55033

651-438-4372



Dakota County License Applicant Information

Pursuant to Minnesota Statutes 270C.72 (Tax Clearance; Issuance of Licenses), all licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications.

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, transfer, or renewal of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest; and
- The licensing authority 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 of your renewal application.

Please complete the following information and return this form along with your license application.

License Information

Name of License Applied for: _____

License Period or Term: _____ to _____
Beginning Date *Ending Date*

Personal Information

Applicant's Legal Name _____

Applicant's Complete Address _____

Social Security Number _____

Business Information

Corporation/Business Name _____

Corporation/Business Address _____

Minnesota Tax Identification Number _____

I do not conduct business as a business entity and do not have a Minnesota Tax Identification Number.

Applicant Signature _____

Date _____



Proof of Worker's Compensation, Federal I.D. and Social Security Number

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. 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 will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd.2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner and the Department of Labor and Industry payable to the Special Compensation Fund.

Minnesota Statutes section 270.72 also requires that all licensing authorities must obtain the applicant's social security number and Minnesota Federal Identification Number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business and name and address, social security number, and business identification number of each applicant.

Provide the information specified above in the spaces provided or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Corporation or Business Name _____

Federal Tax ID Number _____

Insurance Company (not agent) _____

Policy Number or
Self-Insurance Permit Number _____

Dates of Coverage _____

--- OR ---

I am not required to have Worker's Compensation Liability average because:

I have no employees covered by the law.

Other (Specify) _____

I have read and understand my rights and obligations with regards to business licenses, permits and worker's compensation coverage, and I certify that the information provided is true and correct.

Signature _____ Social Security Number _____

Sample of Bond

LICENSE OR PERMIT BOND

Bond Number: _____

KNOW ALL PERSONS BY THESE PRESENTS, That we Name of entity hosting the Large Assembly _____ of _____

_____, hereinafter referred to as the Principal, and Surety company _____,

as Surety, are held and firmly bound unto Dakota County _____ of 1590 Highway 55, Hastings MN 55033 _____, hereinafter

referred to as the Obligee, in the sum of Ten Thousand and 00/100's _____

Dollars (\$ 10,000.00 _____), for the payment of which we bind ourselves, our legal representatives, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has made application for a license or permit to the Obligee for the purpose of, or to exercise the vocation of _____^{dates and location of the large assembly}

event. "THIS BOND IS REQUIRED IN ACCORDANCE WITH DAKOTA COUNTY AMENDED ORDINANCE NO. 112, SEC.7, SUBDIV. 1"

NOW, THEREFORE, if Principal shall faithfully comply with all ordinances, rules and regulations which have been or may hereafter be in force concerning said License or Permit, and shall save and keep harmless the Obligee from all loss or damage which it may sustain or for which it may become liable on account of the issuance of said license or permit to the Principal, then this obligation shall be void; otherwise, to remain in full force and effect.

THIS BOND WILL EXPIRE the next day of after the event is done, _____, but may be continued by continuation certificate signed by the Principal and Surety. The Surety may at any time terminate its liability by giving thirty (30) days written notice to the Obligee, and the Surety shall not be liable for any default after such thirty day notice period, except for defaults occurring prior thereto.

SIGNED, SEALED AND DATED this _____ day of _____ event _____.

(Principal)

By _____ (Seal)

Surety company _____
(Surety)

By _____ (Seal)
Attorney-in-Fact