



**Application for PUBLIC AUCTIONEER License**  
 as defined by [Chapter 815 Saint Louis County Revised Ordinances](#)  
**This application will be referred to the Police for background check**

Applicant must complete the section below.

Please use additional sheets of paper where needed.

----- Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name of Applicant (First, MI, Last)

-----  
 Home Street Address, City, State, Zip (No PO Boxes)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

-----  
 Mailing Address (if different)

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 Name of Firm, Corporation or Association

-----  
 Place of Incorporation or Organized

Length of time applicant has resided in Missouri \_\_\_\_\_

Length of time applicant has been in business in St. Louis County as (check appropriate box)

- Licensed Auctioneer \_\_\_\_\_
- Retail/Wholesale Merchant of any Property \_\_\_\_\_

List time and place of auctions conducted by applicant in St. Louis County in the previous two years:

Date(s)	Location
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Name(s) and address(es) of those in applicant's employ to be licensed as his/her auction-crier:

-----  
Name (First, MI, Last)

-----  
Street Address, City, State, Zip

-----  
Name (First, MI, Last)

-----  
Street Address, City, State, Zip

General description of merchandise to be sold:

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Has the applicant ever been convicted of any violation of any federal, state, county or municipal law?  No  Yes: -----

**MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC**

STATE OF MISSOURI

COUNTY OF ----- }

I certify that all answers and statements made on this application and any attachments are true to the best of my knowledge. I agree and understand that any misstatement of material facts herein is cause for suspension or revocation of license.

-----  
Printed Name of Applicant

-----  
Signature of Applicant

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires -----

-----  
Notary Public

**OFFICE USE ONLY**

Police Background Check: IN ----- OUT -----

By -----

