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info.msauktioneercommission@gmail.com

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 understands 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.

Signature

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	<input type="checkbox"/>
Out-of-State Reciprocal (coming from a state that has a reciprocal agreement with Mississippi)	<input type="checkbox"/>
Out-of-State Non-Reciprocal	<input type="checkbox"/>

APPLICATION DETERMINATION

IF YOU OWN AN AUCTION ESTABLISHMENT (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 not 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 facilities. Yes, I understand

1. Firm Name: _____

Sole Propriety Corporation Partnership LLC Own Rent

The auction facility does not violate zoning or any other use restrictions. Correct

IRS Tax ID Number, if applicable for a corporation or partnership: _____

Firm Contact Name and Title: _____

Contact Number: _____

Contact Date of Birth: _____ Social Security No.: _____

Contact Email Address (required): _____

Firm Owner(s) or Officer(s) (if applicable):

(a) _____ Birth Date: _____ SSN #: _____

(b) _____ Birth Date: _____ SSN #: _____

(c) _____ Birth Date: _____ SSN #: _____

(d) _____ Birth Date: _____ SSN #: _____

If a separate sheet is needed, please attach.

§73-4-27(4) An application submitted under this section for an auction firm license shall list the names of all of the owners, directors, partners or members of the applicant.

2. Physical Address of Place of Business: (Physical addresses required. Post Office Box accepted as mailing address only.)

Physical: _____

Number **Street**

City **County** **State** **Zip**

Mailing: _____

Number **Street**

City **County** **State** **Zip**

3. Firm Telephone Number (including area code) _____

4. Firm Fax Number (including area code) _____

5. Firm Domiciled State: _____

6. Mississippi Auctioneer Firm Manager: _____ **License #:** _____

2. Physical Address of Additional Location Place of Business: (Physical addresses required. Post Office Box accepted as mailing address only.)

Physical: _____

Number **Street**

City **County** **State** **Zip**

Mailing: _____

Number **Street**

City **County** **State** **Zip**

3. Firm Telephone Number (including area code) _____

4. Firm Fax Number (including area code) _____

5. Firm Domiciled State: _____

6. Mississippi Auctioneer Firm Manager: _____ **License #:** _____

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.		

NOTICE ALL FEES ARE NON-REFUNDABLE

8. Once the application has been filed and processed, all fees are not refundable.
- a. An application and fee are only good for thirty (30) days. If all application requirements are not met within this thirty (30) days, you will be required to submit a new application and fee.
 - b. All license fees are renewed on a biennial basis and expire on March 1st of odd numbered years.

_____ Out-of-state auction firm fee for each business locations:

Application processing fee	\$100.00
Out-of-state vendor fee	\$250.00
License fee	\$200.00.

Total: \$550.00 X _____ (number of locations) = \$ _____

_____ In-state auction firm:

Application processing	\$100.00
License fee	\$200.00

Total: \$300.00 X _____ (number of locations) = \$ _____

All applicable fees must be paid by money order or cashier's check and mailed when the application is submitted.

READ AND ANSWER EACH QUESTION CAREFULLY AND COMPLETELY.

9.	Has this FIRM ever held a FIRM license in Mississippi? If so, list the date. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<p>(a) List all the states and license numbers that your firm is <u>currently</u> licensed in.</p> <p>State: _____ License #: _____</p> <p>State: _____ License #: _____</p> <p>State: _____ License #: _____</p> <p>State: _____ License #: _____</p> <p>State: _____ License #: _____</p> <p>State: _____ License #: _____</p> <p>State: _____ License #: _____</p> <p>State: _____ License #: _____</p> <p>State: _____ License #: _____</p> <p>State: _____ License #: _____</p> <p>State: _____ License #: _____</p> <p>State: _____ License #: _____</p> <p>State: _____ License #: _____</p> <p>b) Please request a letter of good standing from each state that this FIRM is currently licensed in. Request that this letter be sent via email, fax or mail directly from the state of jurisdiction. This is required for licensing.</p>	
11.	<p>List licenses that were previously held within the last five year but are no longer active.</p> <p>State: _____ License #: _____</p> <p>State: _____ License #: _____</p> <p>State: _____ License #: _____</p> <p>State: _____ License #: _____</p>	
12.	<p>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.</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Has this firm ever had a firm license suspended, revoked, or surrendered, or has this firm ever been disciplined by a Licensing Authority in this or any other state or jurisdiction? If yes, attach a separate statement giving complete details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 the plaintiff or defendant, what the suit alleged or involved and the final disposition of each case.	<input type="checkbox"/> Yes <input type="checkbox"/> No

18.	Are there any unpaid judgments of debt or garnishments now outstanding against this firm? If yes, attach a separate statement giving complete details.	<input type="checkbox"/> Yes <input type="checkbox"/> No																									
20.	List all addresses where this firm has operated during the past five (5) years, beginning with the present address: <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 35%;">Address</td> <td style="border-bottom: 1px solid black; width: 20%;">City</td> <td style="border-bottom: 1px solid black; width: 15%;">State</td> <td style="border-bottom: 1px solid black; width: 20%;">From (Mo/Yr)</td> <td style="border-bottom: 1px solid black; width: 10%;">To (Mo/Yr)</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		Address	City	State	From (Mo/Yr)	To (Mo/Yr)																				
Address	City	State	From (Mo/Yr)	To (Mo/Yr)																							
21.	Name of Bonding Company: _____ Agent's Name: _____ Agent's Phone: _____ Bond Number: _____ Issue Date: _____ Expiration Date: _____																										
22.	The Mississippi Auctioneer Commission Bond must be completed by the bond agent and returned (along with the Power of Attorney) within 30 days of application submittal. No license(s) will be issued until received. The Bond form can be located under the "Forms" tab on the website (www.auctioneers.ms.gov) and should be mailed to the MS Auctioneer Commission directly from the bond agent.																										

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 (Licensed Auctioneer) 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 firm manager and licensed auctioneer for the applicant identified above and acknowledges that he/she is engaged in the calling for, the recognition of, and the acceptance of, offers for the purchase of goods or real estate at the firm location above. Further, I understand that I am responsible for ensuring that: a) there is a signed receipt for items received for sale at auction at the time the goods are received; b) all funds received is placed in an escrow or trust account; c) ensure that settlement on personal property is disbursed within five (5) business days; d) ensure that all records are detailed and maintained in a safe place for a period of not less than two (2) years; e) that an agreement is entered into between the firm manager and the firm named herein; and f) that all advertisements of auctions herein shall contain the auctioneer's name, the auction firm name, the auctioneer's and the auction firm's auction license number and if the auction is to be an absolute auction.

Signature of Firm Manager: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

My commission expires _____.

Notary seal

Notary Public
