

Office of

**County Auditor/
Treasurer**

821 Cedar St
Alexandria, MN 56308-1793

Tele. (320) 762-3077
Fax (320) 762-2389



Vicki L. Doehling

County Auditor/Treasurer
vickid@co.douglas.mn.us

Elections

elections@co.douglas.mn.us

Taxes

taxdept@co.douglas.mn.us

Auctioneer's License Instructions:

Please fill out the attached forms and return to our office via mail or email. Be sure to include a copy of your surety bond and a check made payable to the Douglas County Auditor Treasurer for \$20.00. If you would rather pay via credit card, call our office and we can take your payment over the phone.

Address: Auditor/Treasurer's Office
821 Cedar Street
Alexandria, MN 56308

Phone: 320-762-3077

Email: audtreas@co.douglas.mn.us

Douglas County Auditor/Treasurer

821 Cedar St, Alexandria MN 56308

(320) 762-3077 audtreas@co.douglas.mn.us



Auctioneer License Application

TO THE COUNTY AUDITOR OF DOUGLAS COUNTY, STATE OF MINNESOTA: for the purpose of securing a license to conduct the business of an Auctioneer under the provisions of MN Statute Chapter 330 within the County of Douglas and State of Minnesota, the undersigned respectfully makes application for such license and submits the following statement of facts as provided by law. **Fee: \$20.00, Surety Bond for at least \$1,000.00**

Choose One:

☐

Renewal

☐

New

Choose One:

☐

Resident

☐

Non Resident

Your Contact Information (Home Street Address)

Name (First, Middle and Last): _____

Street Address: _____ Unit/Apt #: _____

City: _____ Township: _____ State: _____ Zip: _____

Business Phone: _____ Mobile Phone: _____

Email: _____ Preferred Contact ☐ Mobile ☐ Business ☐ Email

Business Information

Business Name: _____ DBA: _____

MN Tax ID #: _____ Federal Tax ID #: _____

Business Address same as above? ☐ Yes ☐ No - Please fill in below

Street Address: _____ Unit/Apt #: _____

City: _____ Township: _____ State: _____ Zip: _____

Business Phone: _____ Extension: _____

Email: _____ Preferred Contact ☐ Mobile ☐ Business ☐ Email

Mailing Address

Mailing Address same as: ☐ Contact Address ☐ Business Address ☐ Other - Please fill in below

Street Address: _____ Unit/Apt #: _____

PO Box: _____ City: _____ State: _____ Zip: _____

Application Questions

1. The Applicant's Date of birth is _____ and is 18 years of age or over.
2. The Applicant is now and has been a resident of _____ County in the State of _____ at least 6 months prior to the date of application.

Douglas County Auditor/Treasurer

821 Cedar St, Alexandria MN 56308
(320) 762-3077 audtreas@co.douglas.mn.us

Auctioneer License Application

Tennessen Warning

Please read and sign the Tennessen Warning. Attach the signed Tennessen warning to your application.

Certification of compliance of Minnesota Workers' Compensation Law

Pursuant to Minnesota Statute Chapter 176.182: Every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant present acceptable evidence of compliance with the corksers' compensation insurance coverage requirement of section 176.181, subdivision 2, by providing the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The commissioner shall assess a penalty to the employer of \$2,000 payable to the commissioner for deposit in the assigned risk safety account, if the information is not reported or is falsely reported.

Are you required to have workers' compensation insurance? ☐ Yes ☐ No

Surety Bond or Continuation Certificate Information

Surety Bond can not be less that \$1,000.00 or more than \$3,000.00. (Attach a copy of your bond to the application.)

Insurance Agent Name: _____ Phone # _____

Non-Resident Applicants Only

Minnesota State Statute—330.11 APPLICATION BY NONRESIDENT.

- ☐ I have attached a certified copy of my auctioneer's license issued by my state of residence.
- ☐ I have attached a certified copy of my resident state's auction laws as they exist at the date of this application, certified by my resident state's secretary of state or other authorized state official. I understand that a non-resident license issued to me shall be automatically revoked if the laws of my resident state change such that they are no longer reciprocal with Minnesota law.
- ☐ I have attached a completed Irrevocable Consent for Non-resident Auctioneer form.

Minnesota State Statutes Pertaining to Auctioneers

330.01 AUCTIONEERS' LICENSES, TO WHOM GRANTED.

Subdivision 1. Generally. (a) the county auditor may license any person having the qualifications specified in clause (b) of this subdivision as an auctioneer. The license shall be issued by the auditor and shall authorize the licensee to conduct the business of an auctioneer in the state of Minnesota for the period of one year, it shall be recorded by the auditor in a book kept for that purpose, The license must specify the county issuing the licensee and must contain a number that individually identifies the auctioneer holding the license. Before the license is issued the applicant shall pay into the county treasury a fee of \$20.

(b) a natural person is qualified to be licensed as an auctioneer if 18 years of age or over and a resident of the county of application for at least six months immediately preceding the date of application. No copartner ship, association or corporation may be licensed as an auctioneer. However, nothing in this subdivision shall be construed as preventing auctioneers who are duly licensed in accordance with the provisions of this chapter, form combining in associations, copartner ships, or corporations, provided that each and every member of these associations or copartner ships and each and every person or agent conducting auction sales on behalf of these corporations is a duly licensed auctioneer as provided in this chapter. Nothing herein shall be construed to apply to the owner of property for at least six months selling it at an auction.

330.02 BOND.

Every auctioneer, before making sales, shall give a corporate surety bond to the county in a penal sum of not less than \$1,000 nor more that \$3,000 to be fixed by the treasurer and with sureties approved by the treasurer, conditioned that the auctioneer will pay all sums required by law and in all things conform to the laws relating to auctioneers. The treasurer, for approval, shall endorse the bond, and file it in the treasurer's office. 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.

Applicant Signature: _____ Date: _____

Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
PO Box 64217
St. Paul, MN 55155



CC0515

E-mail: dli.license@state.mn.usWeb Site: www.dli.mn.gov

Phone: (651) 284-5034

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
---	---------------------------	----------------------------

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
---	------	-------	----------

County	Email address
--------	---------------

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☐ **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
---------------	----------------	-----------------

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://mn.gov/commerce/industries/insurance/licensing/self-insurance>.)

2. **I am not required to have workers' compensation insurance because:**

- ☐ I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- ☐ I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- ☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
--------------------------------	-------	------

If you have questions about completing this form or to request this form in Braille, large print or audio.

RIGHT OF SUBJECTS OF GOVERNMENT DATA

“TENNESSEN WARNING”

In accordance with the Minnesota Government Data Practices Act, the Douglas County Auditor’s Office, is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; private information is that information which is available to you, not to the public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

Public: Name of applicant

Private: All other information collected on application

The information required from you is according to law. The use of the private data is necessary for the issuance of said licenses failure to provide this information will mean that your application cannot be processed. Persons whom this information may be shared include:

1. Property Records and Licensing Personnel
2. County Attorney
3. Attorney General or MN state agencies responsible for licensing
4. Law Enforcement Officer

Unless otherwise authorized by state statute or federal law, the Government agencies utilizing the reported private data must also treat the information as private.

A copy of this notice will be provided to you upon request.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Signature)

(Date)