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: amandat@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 fo 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 Renewal Resident ☐ Non Resident New **Applicant's Information** Name (First, Middle and Last): \_\_\_\_\_ Street Address (Residential): City: \_\_\_\_\_\_ 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/Alternate Contact Info** Mailing Address same as: Applicant Address Business Address Other - Please fill in below Street Address: \_\_\_\_ PO Box: \_\_\_\_\_ City: \_\_\_\_ State: \_\_\_ Zip: \_\_

Email: Phone:

## **Douglas County Auditor/Treasurer**

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

## **Auctioneer License Application**

Application Questions						
te of Birth (mm/dd/yyyy): Social Security #:						
Are you a Minnesota resident? Yes No						
Have you resided in Douglas County for the prior 6 months?  Yes  No						
Tennessen Warning						
Please read and sign the Tennessen Warning. Attached sign 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 oper ate a business in Minnesota until the applicant present acceptable evidence of compliance with the corkers' 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						
Insurance Agent Name:						
Insurance Agent Phone:						

#### **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 is 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 confiorm 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 Dederal 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.

#### 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)



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

E-mail: dli.license@state.mn.us Web 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.

assessed	against the applicant by the commissioner of the Dep	partment of Labor	and Industry.						
A valid wo	rkers' compensation policy must be kept in effect at a	all times by emplo	yers as required b	y law.					
License or certificate number (if applicable)		Business telephone number		Alternate telephone number					
	name (Provide the legal name of the business entity. le John Doe, or John Doe and Jane Doe.)	If the business is	a sole proprietor c	 	vide the	owner's name(s),			
DBA ("doir	ng business as" or "also known as" an assumed nam	e), if applicable							
Business address (must be physical street address, no P.O. bo		oxes)	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.									
Insura	ance company name (not the insurance agent)								
Policy number Effective da			е	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 <a href="https://mn.gov/commerce/industries/insurance/licensing/self-insurance">https://mn.gov/commerce/industries/insurance/licensing/self-insurance</a> .)									
2. I am r	not required to have workers' compensation ins	surance because	e:						
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 wh	ny your employees are not required to be covered								
	e information provided on this form is accurate and co of the business.	omplete. If I am si	gning on beha <b>l</b> f of	a business, I cert	ify I am a	uthorized to sign			
Print nam	е								
Applicant	signature (required)	Title		Date					

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

CC0515 Workers Comp