



**COUNTY OF CHISAGO
STATE OF MINNESOTA**

**APPLICATION FOR RESIDENT
AUCTIONEER'S LICENSE**

Applicant MUST reside in Chisago County

NEW RENEWAL _____
License #

TODAY'S DATE _____

Application Fee - \$20

Name of Applicant _____ DOB _____

Residing at _____

SSN# _____ and/or FED Tax ID# _____ and/or MN Tax ID _____

Business Name (if applicable) _____ Phone # _____

TENNESSEN WARNING

In connection with your request for a license/registration Chisago County has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04; 13.46). Accordingly, the County is required to inform you of the following:

1. The private or confidential information requested includes, but not limited to, the following: *Your social security number or Minnesota business identification number and Driver's License Number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270C.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

Initialing acknowledges that I have read and understood the contents of this notice.

Initials

CERTIFICATE OF COMPLIANCE - MN Workers' Compensation Law

Minnesota Statutes, 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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

You MUST complete number 1, 2 or 3

1) COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME _____ (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO. _____

EFFECTIVE DATE _____ EXPIRATION DATE _____

2) COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

3) COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law.

(See Minn. Stat. § 176.041 for a list of excluded employees)

Explain why your employees are not covered: _____

Other _____

Before licensing, per MN State Statute 330.01, every auctioneer shall

- Reside in the County during the immediate preceding 6 months
- Provide surety bond of not less than \$1000
- Reached the age of 18

By signing below the applicant state's that all the information given is true and complete. That the license is valid for 1 year from the date of issuance.

Applicant's Signature *Date*