



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF COMMERCIAL LICENSING
and Racing and Athletics

John O. Pastore Center
1511 Pontiac Ave, Building 69-1
Cranston, RI 02920-0942

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RENEWAL APPLICATION FOR AUCTIONEER and APPRENTICE AUCTIONEER LICENSE

TO AVOID DELAY READ ALL INSTRUCTIONS CAREFULLY:

- Each application must be accompanied by the required TRIENNIAL LICENSE FEE: RESIDENT \$600.00, NON-RESIDENT \$900.00, APPRENTICE \$60.00
- Make check or money order payable to: "Rhode Island General Treasurer."
- Completed Tax Affidavit must be completed and returned with application.
- Please print or type. Each question must be fully and truthfully answered. Any material misrepresentation will be grounds for refusal or subsequent revocation of license. Attach additional sheets of paper if space provided for answer is not sufficient.

1. _____ 2. _____
 Name (Last) (First) (Middle) Social Security Number

3. _____
 Residence (Street) (City/Town) (State) (Zip)

4. _____ 5. _____ 6. _____
 Home Telephone Number Date of Birth Place of Birth

7. Height: _____ 8. Weight: _____ 9. Color of Eyes: _____ 10. Color of Hair: _____

11. _____
 Name and Address of Employer

12. _____ 13. _____ 14. _____
 Business Telephone Number Date of Employment Current License Number

15. Complete the following questions by checking the appropriate box. Explain any "yes" answers in detail on separate sheet(s) of paper and attach statement to this application.

- _____ Yes _____ No Have you ever been denied any auctioneer license or apprentice auctioneer license or permit in this or in any other state or jurisdiction?
- _____ Yes _____ No Have you ever had an auctioneer license or apprentice auctioneer license or permit suspended or revoked, or have you ever been disciplined by the licensing authority in this or any other state or jurisdiction?
- _____ Yes _____ No Have you ever had any other business or professional license of any kind denied, suspended, or revoked in this or any other state or jurisdiction?
- _____ Yes _____ No Have you ever (1) been convicted of or plead nolo contendere to anything other than a minor traffic violation or (2) been convicted or plead nolo contendere to any crime of moral turpitude, or (3) been convicted or plead nolo contendere to misrepresenting goods sold at auction, or (4) been convicted or plead nolo contendere to appropriating or unlawfully converting monies of others?
- _____ Yes _____ No Are there any unpaid judgments of debt now outstanding against you?

AUCTIONEER RENEWAL APPLICATION CONTINUED...

16. FOR APPRENTICE AUCTIONEER RENEWAL APPLICANTS:

The auctioneer with whom the applicant will be affiliated or associated with must personally sign the following statement:

This is to certify that the apprentice auctioneer applicant named in this application will, when issued a permit by the Director of Business Regulation, be associated with, employed, or engaged by me in the capacity of an apprentice auctioneer, that I will exercise proper supervision over and assume responsibility for his/her acts as an apprentice auctioneer while associated with me in accordance with applicable provisions of any rules and regulations promulgated by the Director, and I certify that to the best of my knowledge he/she is a person of honesty, truthfulness, and integrity, and that I will personally appear before the Director and/or his/her designated representative(s) in conjunction with this application if requested to do so. I further certify that I have read the completed application before signing below.

X _____
Signature of Supervising Auctioneer

Business Address (City/Town, State, Zip)

Supervising Auctioneer License number: _____

17. BOND INFORMATION

BOND NUMBER: _____ EXPIRATION DATE: _____

Name and address of company supplying bond: _____

The undersigned hereby applies for a renewal auctioneer's license/apprentice auctioneer's permit pursuant to the provisions of Title 5, Chapter 58, of the General Laws of Rhode Island and any rules and regulations in support of the law promulgated by the Director. The undersigned makes oath that he/she has read and understands his/her obligations under the law and swears to the truth and accuracy of all statements, answers and representations made in the application, including all supplementary statements hereto attached.

X _____
Signature of Applicant

Date

Subscribed and sworn before me this _____ day of _____, _____

Signature of Notary Public

My Commission Expires:



Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy. (Case # _____)

Type of Professional License for which you are applying

Full Name (Please Print or Type)

Social Security Number (or FEIN if appropriate)

Signature

Phone Number (including area code if not 401)

Date