NOTICE OF RENEWAL FOR AUCTIONEER LICENSE

TRIENNIAL RENEWAL FEE:

RESIDENT $600.00
NON-RESIDENT $900.00

ATTACH THE FOLLOWING WITH ALL RENEWALS:

- RENEWAL APPLICATION
- CHECK OR MONEY ORDER PAYABLE TO: "RHODE ISLAND GENERAL TREASURER"
- COPY OF BOND IF NEW OR CHANGED SINCE LAST RENEWAL
- TAX AFFIDAVIT
- TWO COLOR PHOTOS (1x1) OF FACE - FRONT VIEW

APPRENTICE AUCTIONEERS WHO HAVE NOT COMPLETED TRAINING MUST REAPPLY WITH AN ORIGINAL APPLICATION.

Statutory Licensing Law Title 5 Chapter 58 & the Rules and Regulations pertaining to Auctioneers along with all forms can be found on our website at www.dbr.ri.gov

If you have any questions please contact Kim Precious, Implementation Aide, at (401) 462-9650 or by email at: kkkkk@dbr.ri.gov
AUCTIONEER RENEWAL APPLICATION

Name: ______________________________________      Social Security #: _________________
Home Address:  __________________________________________________ FEIN: _____________
Home Telephone: _________________  Email:_______________________________
Date of Birth: ___________    Height: _________     Weight: _________
Color of Eyes: ____________     Color of Hair: _____________
Name of Auctioneer Business: _____________________________________________________
Business Address:  _____________________________________________________________________
Business Telephone: ____________________ Fax: ______________________
Date of Employment: ___________  Self Employed:   Yes _______ No _______

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

_____ Yes  ____  No  Have you had a license denied, suspended, revoked, or disciplined by a licensing authority in any state or jurisdiction since your last application?

_____ Yes  ____  No  Has there been any change to your criminal history since your last application?

_____ Yes  ____  No  Has there been a change to your bond?  Bond Number __________________
If Yes, please supply copy of new bond.

Do you certify, under the pains and penalties of perjury, that all information you have provided in this application is true and accurate? You are advised that furnishing false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject you to civil or criminal penalties. You are further advised that the Department reserves the right to independently verify, at any time, all information contained in this application and any supporting documentation.

X ______________________                      ______________________
Signature of Applicant                      Date

Tel: 401-462-9506       Fax: 401-462-9645       TTY: 711       Web Site: www.dbr.ri.gov
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

Tel: 401-462-9506 Fax: 401-462-9645 TTY: 711 Web Site: www.dbr.ri.gov