

**COMMONWEALTH OF MASSACHUSETTS**

OFFICE USE ONLY

ISSUE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ISSUED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIVISION OF STANDARDS**

**ONE ASHBURTON PLACE, RM 1115**

**BOSTON, MA 02108**

**PHONE: 617-727-3480**

NEW APPLICATION

**FEE $100.00** RENEWAL APPLICATION

**AUCTIONEER NUMBER**

**AU: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application for Auctioneer's License**

**In addition to this application, a surety bond in the amount of $10,000.00 must be on file with the Division of Standards. The original bond must accompany this application in accordance with the requirements of Massachusetts General Law, Section 3 of Chapter 100.**

The form of payment accepted are: check or money order. Make check payable to the Commonwealth of Massachusetts. Please note: Cash is no longer accepted as a form of payment.

**PLEASE PRINT**

NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEGAL RESIDENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEDERAL ID NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF APPLICANT IS A FIRM, PARTNERSHIP, ASSOCIATION OR CORPORATION THE FOLLOWING MUST BE COMPLETED**:

NAME OF BUSINESS ENTITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE NAMES AND RESIDENCES OF OTHER PERSONS HAVING A DIRECT OR INDIRECT FINANCIAL INTEREST IN THE BUSINESS TO BE CONDUCTED BY ME UNDER THIS LICENSE ARE AS FOLLOWS:**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAVE YOU EVER BEEN CHARGED WITH, INDICTED FOR OR CONVICTED OF ANY FRAUDULENT OR ILLEGAL ACT IN ANY TRANSACTIONS OF ANY KIND? IF YES, GIVE DETAILS BELOW:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**HAVE YOU EVER BEEN OR ARE YOU NOW A PARTY IN ANY PROCEEDINGS PENDING IN ANY COURT INVOLVING FRAUD, DECEIT OR MISREPRESENTATION? IF YES, PLEASE GIVE DETAILS BELOW.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LETTERS OF RECOMMENDATION (NOT NEEDED FOR RENEWALS)**

**LETTERS OF RECOMMENDATION MUST BE SIGNED BY TWO INDIVIDUALS WHO ARE EITHER: LICENSED AUCTIONEERS, ELECTED PUBLIC OFFICIALS, OR MEMBERS OF THE MASSACHUSETTS BAR. (Not two of the same)**

WE, THE UNDERSIGNED, RECOMMEND THE APPLICANT NAMED HEREIN, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, FOR LICENSURE AS AN AUCTIONEER IN THE COMMONWEALTH OF MASSACHUSETTS.

NAME OFFICIAL DESIGNATION PROVIDED LETTER

\_\_\_\_\_\_\_**RENEWAL**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**RENEWAL**\_\_\_\_\_\_\_\_\_\_ \_\_\_\_**RENEWAL**\_\_\_\_\_

\_\_\_\_\_\_\_**RENEWAL**\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**RENEWAL**\_\_\_\_\_\_\_\_\_\_ \_\_\_\_**RENEWAL**\_\_\_\_\_

**PURSUANT TO MASSACHUSETTS GENERAL LAWS CHAPTER 100A, I CERTIFY UNDER PENALTIES OF PURJURY THAT I HAVE FILED ALL STATE TAX RETURNS AND PAID ALL TAXES REQUIRED UNDER LAW, THAT I HAVE COMPLIED WITH ALL LOCAL PERMIT AND LICENSE REQUIREMENTS, AND THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ARE TRUE**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF APPLICANT** **DATE**

IF APPLICANT IS A FIRM, PARTNERSHIP, ASSOCIATION OR CORPORATION:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF AUTHORIZED OFFICER**  **DATE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME AND TITLE OF AUTHORIZED OFFICER**