



**COMMONWEALTH OF MASSACHUSETTS  
 DIVISION OF STANDARDS  
 ONE ASHBURTON PLACE RM 1115  
 BOSTON, MA 02108  
 617-727-3480**

FOR OFFICE USE ONLY
ISSUED DATE: _____
ISSUED BY: _____

NEW APPLICATION

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.

PLEASE PRINT

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

LEGAL RESIDENCE: \_\_\_\_\_ CITY: \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

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:**

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

**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.**

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

**LETTERS OF RECOMMENDATION: NEW APPLICANTS ONLY (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
_____	_____	_____
_____	_____	_____

PURSUANT TO MASSACHUSETTS GENERAL LAWS CHAPTER 100A, I CERTIFY UNDER PENALTIES OF PERJURY 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