



# COUNTY OF CHISAGO STATE OF MINNESOTA

## APPLICATION FOR NON-RESIDENT AUCTIONEER'S LICENSE

*Applicant MUST provide a certified copy of home state license*

NEW RENEWAL \_\_\_\_\_  
License #

TODAY'S DATE \_\_\_\_\_

Name of Applicant \_\_\_\_\_ DOB \_\_\_\_\_

Residing at \_\_\_\_\_

SSN# \_\_\_\_\_ and/or FED Tax ID# \_\_\_\_\_ and Home State Lic # \_\_\_\_\_

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 non-resident auctioneer shall

- Provide a certified copy of their home state auctioneer license
- Provide surety bond of not less than \$1000
- Reached the age of 18
- Pay \$20 fee
- Complete MN Tax Clearance Form
- Complete Irrevocable Consent to Service of Process Form

**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*

# IRREVOCABLE CONSENT TO SERVICE OF PROCESS

WITNESSETH

WHEREAS, the Auctioneer, being a nonresident of the State of Minnesota, has applied to the County of Chisago for a non-resident Auctioneer's License in accordance with Minn. Stat. 330.11, and

WHEREAS, Minn. Stat. '330.11, subd. 3, provides that "every nonresident applicant shall file an irrevocable consent that suits and actions may be commenced against such applicant in any court of competent jurisdiction in this state by service on the secretary of state of any summons, process, or pleadings authorized by the laws of the state of Minnesota."

NOW, THEREFORE, the undersigned Auctioneer in consideration of the County of Chisago granting a nonresident auctioneer's license pursuant to Minn. Stat. 330.11, hereby irrevocably consents to the following:

That any suit or action may be commenced against the Auctioneer in any court of competent jurisdiction in this state by service upon the Minnesota Secretary of State, and that such service of process or pleadings on the Secretary of State shall be taken and held in all courts to be as valid and binding as if due service had been made upon the Auctioneer in the State of Minnesota.

This Irrevocable Consent to Service of Process is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
(Applicant's PRINTED Name)

\_\_\_\_\_  
(Applicant's signature)

Whose current address is

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

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY AUDITOR/TREASURER