

GEORGIA AUCTIONEERS COMMISSION

237 Coliseum Dr.
Macon, GA 31217
404-424-9966
www.sos.ga.gov/plb

Application for Auction Company License

I am applying for (select one):

Initial Auction Company License - \$200 non-refundable fee + \$10 processing fee **payable to Auctioneers Commission**

Mandatory Contribution to Auctioneer Recovery Fund - \$150.00 made **payable to Recovery Fund**

(Send 2 checks with application – one for license fee \$200 + \$10 processing fee and one for recovery fund \$150)

Reinstatement of License # _____ - Fee: \$400 non-refundable reinstatement fee + \$10 processing fee **payable to Auctioneers Commission**

Trade Name/DBA Name: _____ **Fed. Emp. ID #:** _____

Email Address: (required for notifications from the Commission): _____

Mailing Address:

Street / PO Box

City, State, Zip _____ County _____ Business Telephone _____

Physical Location Address (will appear on license and on SOS website):

Address (cannot use PO Box for this address)

City, State, Zip _____ County _____

Applicant's Name: _____ **Position with Company:** _____

First, Middle, Last, Suffix

Social Security No.* _____ - _____ - _____ **Date of Birth**:** ____/____/____ **Place of Birth:** _____

*this information is authorized to be obtained & disclosed to State and Federal Agencies pursuant to O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001 **applicant must be at least 18 years old to qualify for licensure City, State, Country

Gender: ___ Male ___ Female **Georgia Resident:** ___ Yes ___ No

Licensed Georgia Auctioneer That the Company Will Employ (if more than one, attach additional pages):

| Name | Auctioneer License # | Phone Number |
|--|----------------------|------------------|
| _____ | _____ | _____ |
| Address (cannot use PO Box for this address) | | City, State, Zip |

GEORGIA AUCTIONEERS COMMISSION

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Ownership / Relationship Information

SOLE PROPRIETORSHIP

Owner Name: _____

Residence Address: _____
STREET(NOT A P.O. BOX), CITY, STATE, ZIP TELEPHONE

CORPORATIONS & LIMITED LIABILITY COMPANIES

Date Registered with Georgia Secretary of State: _____

Legal Business Name: _____

Principal Officers:

Name: _____ Title/Position: _____

Residence Address: _____
STREET(NOT A P.O. BOX), CITY, STATE, ZIP TELEPHONE

Name: _____ Title/Position: _____

Residence Address: _____
STREET(NOT A P.O. BOX), CITY, STATE, ZIP TELEPHONE

PARTNERSHIPS

Partners:

Name: _____ Title/Position: _____

Residence Address: _____
STREET(NOT A P.O. BOX), CITY, STATE, ZIP TELEPHONE

Name: _____ Title/Position: _____

Residence Address: _____
STREET(NOT A P.O. BOX), CITY, STATE, ZIP TELEPHONE

(attach additional pages if needed)

GEORGIA AUCTIONEERS COMMISSION
Application for Auction Company License

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE APPLICANT FOR THE COMPANY:

- | | | |
|--|------------|-----------|
| <p>1. <u>Arrest, conviction, sentence</u>: Have you ever been arrested, convicted, or sentenced for any felony, misdemeanor, DWI, DUI, or any other offense? If so, attach a complete list of all convictions detailing dates and locations where such convictions occurred, including certified court dispositions. <u>Failure to provide complete and true information as requested allows the board to refuse to grant a license (O.C.G.A. § 43-1-19(a)(2)) and if license has already been granted, allows the board to immediately suspend that license(O.C.G.A. § 43-6-18(9)).</u></p> | YES | NO |
| <p>2. <u>Pleas and First Offender</u>: Have you ever pled guilty or nolo contendere, or received first offender treatment for any felony, misdemeanor, DWI, DUI, or any other? If so, attach a complete list of all nolo contendere pleas, or crimes for which you have received first offender treatment, detailing dates and locations where such nolo pleas, or first offender treatments occurred, including certified court dispositions. <u>Failure to provide complete and true information as requested allows the board to refuse to grant a license (O.C.G.A. § 43-1-19(a)(2)) and if license has already been granted, allows the board to immediately suspend that license(O.C.G.A. § 43-6-18(9)).</u></p> | YES | NO |
| <p>3. <u>License revocation, suspension, sanction</u>: Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in any state, including Georgia? If so, attach explanation and certified copies of all disciplinary documents.</p> | YES | NO |

ESCROW / TRUST ACCOUNT INFORMATION

O.C.G.A § 43-6-11.1(D) requires that an Auction Company maintain at all times an active trust account and must register such account with the Georgia Auctioneers Commission.

Complete the following authorization permitting a duly authorized representative of the Auctioneers Commission to examine the escrow or trustee account, when so directed by the Commission.

| | |
|---|-----------|
| Name as it Appears on the Account | |
| Name of Bank | Account # |
| Bank Address (street, city, state, zip) | |

GEORGIA AUCTIONEERS COMMISSION

AFFIDAVIT OF THE APPLICANT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Auctioneers Commission, and I agree to abide by these laws and rules, as amended from time to time. I hereby authorize the Georgia Auctioneers Commission and/or authorized representative of the Georgia Auctioneers Commission to examine any information concerning the escrow/trust account noted in this application.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document referenced on our website, www.sos.ga.gov/plb, under QuickLinks.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Auctioneers Commission and/or criminal prosecution.

STATE OF GEORGIA
COUNTY OF

SIGNATURE OF APPLICANT FOR THE COMPANY

SUBSCRIBED AND SWORN TO BEFORE ME
THIS ___ DAY OF _____, _____

PRINT NAME

NOTARY PUBLIC
MY COMMISSION EXPIRES:

DATE

GEORGIA AUCTIONEERS COMMISSION

*****NON-RESIDENT AUCTION COMPANY APPLICANTS ONLY*****

**DESIGNATION OF AGENT
FOR THE SERVICE OF PROCESS**

KNOW ALL MEN BY THESE PRESENTS:

The undersigned _____ being an applicant for licensure as a non-resident Auction Company in the State of Georgia, does hereby irrevocably designate and appoint the Division Director, Professional Licensing Division, State of Georgia, as its agent for the purpose of accepting service of any and all process issued by any court located within the State of Georgia, as well as service of all pleadings and other papers, relating in any way to any action, suit or legal proceeding arising out of or pertaining to its duties or responsibilities as an Auction Company in the State of Georgia. The undersigned further consents, stipulates and agrees that any lawful process served upon the aforesaid agent shall have the same legal force and validity as if served upon the undersigned personally within the State of Georgia and that the authority contained here shall continue in force and effect so long as any liability against the undersigned remains outstanding in the State of Georgia.

This ____ day of _____, _____.

Signature of Applicant for Company

Printed Name of Applicant for Company

State of _____, County of _____

The above-named personally appeared before the undersigned Notary Public in and for the above-named County and State, the day and date above-named, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of such applicant for the purposes therein set forth.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

SEAL

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____



Office of the Secretary of State

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the Georgia Auctioneers Commission to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Form with fields: Full Name (print), Address, Sex, Race, Date of Birth, Social Security Number

Please check ONLY one of the boxes listed below:

- Authorization valid for ___ days from date of signature.
I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____ Date _____

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

Table with categories: NON-CRIMINAL JUSTICE PURPOSES (E, M, N, W, P, F), PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY) (U), CRIMINAL JUSTICE (J, Z)

The inquiry resulted in the following: (check all that apply)

Table with options: No Criminal Record Available, Criminal Record (Attached/Released), No NCIC/GCIC Warrant, Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____
Wanting Agency Telephone: _____
Agency Designee Signature and Title: _____ Date: _____