Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: **(608) 266-2112**

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

APPLICATION FOR AUCTION COMPANY REGISTRATION

An individual who is registered as an auctioneer may act as an auction company without additionally registering as an auction company

A corporation, partnership or association which acts as an auction company must, as an entity, be registered as an auction company and each of its officers, directors, partners or employees who act as an auctioneer or use the title "auctioneer", "registered auctioneer", "certified auctioneer", "licensed auctioneer" or any similar title must also be registered as an auctioneer.

TYPE OR PRINT IN INK

APPLICANT IS:
- ☐ A corporation formed under the laws of the State of _____
- ☐ A partnership.
- ☐ An association.
- ☐ An individual who operates an auction company and who is not required to be registered as an auctioneer.

ENTER NAME OF APPLICANT: Print or type exact name of applicant. If an individual, your personal name only.

ENTER BUSINESS ADDRESS OF THE MAIN OFFICE OF THE AUCTION COMPANY:

Number | Street | PO Box

City | State | Zip Code

ENTER THE DAYTIME PHONE NUMBER OF THE MAIN OFFICE (_____) _____

Most types of business entities must file documents with the Wisconsin Department of Financial Institutions. Contact that office at (608) 261-9555 for more information and **check one** of the statements below:

- ☐ The business entity identified above has filed documents with the Department of Financial Institutions. The business entity has met current legal requirements to engage in business in Wisconsin.
- ☐ The business entity identified above has not filed documents, as described above, with another Wisconsin agency, because the business entity is not required to do so.

APPLICATION FEE: Make check payable to Department of Regulation and Licensing and attach to this application.

- ☐ $ 53.00 Initial license fee
- ☐ $ 81.00 Reinstatement fee

For Office Use Only
Reg #:
Date Granted:

For Receipting Use Only

#2076 (Rev. 5/03)
Ch. 480, Stats.

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

PRINT OR TYPE THE NAME AND TITLE OF ALL OFFICERS of a corporation, partners of a partnership or directors of an association and check the box in front of those who will act as an auctioneer on behalf of the company. Each person whose name is checked, plus any other employee of the auction company who acts as an auctioneer must register as an auctioneer by filing the Application for Auctioneer Registration (Form #2077).

	NAME	TITLE
☐		
☐		
☐		
☐		
☐		

Attach additional page, if needed.

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.
If you answer **YES** to any questions, give all details on a separate sheet.

		YES	NO
A.	Has the business entity or any of its business representatives ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, **OR** are criminal charges or DWI charges currently pending? If YES, complete and attach Form #2252.	☐	☐
B.	Has the business entity or any of its business representatives ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If YES, give details on an attached sheet, including the name of the profession and the agency.	☐	☐
C.	Has any licensing or other credentialing agency ever taken any disciplinary action against the business entity or any of its business representatives, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	☐	☐
D.	Is disciplinary action pending against the business entity or any of its business representatives in any jurisdiction? If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.	☐	☐
E.	Have any suits or claims ever been filed against the business entity as a result of professional services? If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.	☐	☐
F.	Does the business entity currently hold, or has held in the past, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If YES, what type of credential? _____ And if in another name, what name? _____	☐	☐

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SELLER'S SALES TAX PERMIT (Check **ONE of the statements** below. Contact the Wisconsin Department of Revenue at (608) 266-2776 for more information.

☐ Applicant has enclosed with this application a current copy of a Wisconsin Seller's Permit from the Department of Revenue. Applicant's permit number or numbers is/are: _____

☐ Applicant has enclosed with this application a copy of a letter from the Department of Revenue, stating that applicant is not required to obtain a Seller's Permit.

☐ Applicant has not obtained a Seller's Permit or a letter from the Department of Revenue, but applicant certifies that applicant has read sec. TAX 11.50, Wis. Admin. Code, and applicant has concluded that all of the applicant's auctions are exempt occasional sales and applicant, therefore, is not required to obtain a Seller's Permit.

TRADE NAME

If the auction company will use any business name which differs from the name of the applicant, as stated on page 1, that name must be entered on the space provided below (for example, George Washington operates an auction company under the name "Washington Auction Services" or XYZ Corporation conducts auctions under the name "Auction Management Specialists").

TRADE NAME: _____

_____

LICENSURE IN ANOTHER STATE

If applicant is currently licensed or registered in another state, list the state or states where licensed.

_____

_____

All registrations expire and must be renewed by January 1st of odd-numbered years. Renewal notices are mailed in November of even-numbered years. If this application for a new registration is received by the Department after renewal notices were mailed to current registrants, your registration certificate will expire at the end of the next biennium.

You are required by sec. 440.11, Stats., to notify the Department of a name or address change ***in writing*** *within 30 days. Failure to comply may subject the registrant to a $50.00 fine.*

Wisconsin Department of Regulation & Licensing

The following affidavit must be signed by an individual owner, by 2 officers with authority for a corporate application or by at least 2 partners of a partnership applicant in the presence of a Notary Public.

I hereby swear and affirm that the answers set forth are true and correct to the best of my knowledge and belief and I understand that if the applicant is issued a registration certificate, failure to comply with the laws and rules enforced by the Wisconsin Department of Regulation and Licensing may be cause for disciplinary action against me, the auction company or any and all registered officers, directors or partners of the auction company.

_____	_____
Print/type the name of the person who signs on the next line.	Print/type the name of the person who signs on the next line.
_____	_____
Signature of Individual Owner, Officer, Partner or Director — Date	Signature of Individual Owner, Officer, Partner or Director — Date

Subscribed and sworn before me this _____ day of _____, 19 _____ .

_____	_____
Signature of Notary Public — (Seal)	Date Commission Expires

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ADDENDUM TO APPLICATION – BUSINESS ENTITIES

Information requested is required for processing.

EMPLOYER IDENTIFICATION NUMBER. Your employer identification number or your social security number if you are a sole proprietorship must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.[1] A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

_____ ☐☐☐ - ☐☐ - ☐☐☐☐
Business Entity Name FEIN

_____
Type of Credential (License) applying for

The Department may not disclose the employer identification number or social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,[2] to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,[3] and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.[4]

DELINQUENT STATE TAXES; DELINQUENT SUPPORT

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the department must deny your application if you are liable for delinquent Wisconsin taxes.[6] If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249. An application may be denied or a credential suspended if an applicant or credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings.[2]

#2552 (4/03)

[1] Section 440.03 (11m), Wis. Stats.
[2] Sections 49.22, and 440.13, Wis. Stats.
[3] Section 440.12, Wis. Stats.
[4] Health Insurance Portability and Accountability Act (HIPAA) of 1996
[5] Section 440.14, Wis. Stats.
[6] Section 440.12, Wis. Stats.

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a $6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth	Social Security Number
_____ month _____ day _____ year	_____ Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: _____

2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

   It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE	DATE	CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

	YES	NO	MO/YR COMPLETED
3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program?	☐	☐	_____
Did you successfully complete the program?	☐	☐	_____

Please attach the certificate of completion/discharge summary.

	(Check all that apply)	YES	NO	MO/YR COMPLETED
4. Have you ever been sentenced to:	☐ Probation	☐	☐	_____
	☐ Parole	☐	☐	_____
	☐ Ordered to pay restitution	☐	☐	_____
Did you successfully complete one of the above as ordered by the court?		☐	☐	_____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

PENDING CHARGE	DATE OF ARREST	LOCATION OF ARREST (city/state)

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

_____

_____

_____

_____

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

_____
Signature

State of _____ County of _____

Signed and sworn before me this _____ day of _____ , 20 _____ by _____
(applicant's name)

_____
Signature of Notary Public

My commission (is permanent) _____ expires _____.

SEAL

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.[a] An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at *http://www.legis.state.wi.us/rsb/code/rl/rl.html* and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at *http://www.drl.state.wi.us/* under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 4/03) ss. 15.04 (1) (m), 19.35, Stats.

[a] Section RL 4.06 of the Wisconsin Administrative Code

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APPLICATION PACKET ADDENDUM (INTERNET)

AUCTION COMPANY

For the application packet that you have just downloaded, there are additional publications available for your use.

Please complete this form and fax it to the number listed above if you would like a copy of the publications sent to you. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you would like the publication "Auctioneers – How do Wisconsin Sales and Use Taxes Affect Your Operation?" sent to you. ☐ Yes ☐ No

Please indicate on this form if you would like the publication "Questions and Answers Relating to the Regulation of Auctioneers and Auction Companies in Wisconsin sent to you. ☐ Yes ☐ No

Please indicate on this form if you would like the publication "Advertising Requirements for Wisconsin Auctioneers and Auction Companies" sent to you. ☐ Yes ☐ No

Wisconsin Statutes and Administrative Code

For your information, you may access the Wisconsin Statutes and Adminisrative Code on the department's web site at www.drl.state.wi.us. If you do not have internet access, you may obtain this information through the public library.

If you would prefer to have a printed copy of this code book, you may purchase one directly from the department. Please submit this form along with a check in the amount of $5.28 made payable to the Department of Regulation and Licensing (DRL) to the address listed above.

PLEASE PRINT OR TYPE

_____
Full Name

_____
Daytime Phone Number

_____
Street Address

_____
P.O. Box

_____
City, State, Zip

For Receipting Use Only

Thank you.

#2636 (9/03)

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