



Application for Auctioneer License

Pursuant to Minnesota Statutes Chapter 330

Auditor/Treasurer Office

3510 12th Ave S

PO Box 280

Moorhead, MN 56561-0280

Telephone Number (218) 299-5006 Office Hours 8:00 am - 4:30 pm Monday - Friday

<http://claycountymn.gov/>

<input type="checkbox"/> Resident (Place X in appropriate box)	<input type="checkbox"/> Non-Resident
<input type="checkbox"/> New (Place X in appropriate box)	<input type="checkbox"/> Renewal

To the Clay County Auditor of the State of Minnesota:

The undersigned hereby apply for a license to conduct business of an auctioneer in the State of Minnesota for the period of one year and in support of issuance of the license the Applicant state the following to be true:

1 The Applicant's date of birth is _____ and is 18 years of age
(MM) (DD) (YYYY)
or over; and

2 The Applicant is now and has been a resident of _____ County in the State of
_____ at least six months immediately preceding the date of application;
and

3 The Applicant has paid the required fee of \$20.00 made payable to **Clay County Auditor**

Dated _____
(MM) (DD) (YYYY)

Full Name: _____
(First name) (MI) (Last name)

Address: _____
(Street or PO Box) (City) (State) (Zip Code)

(Signature of Applicant)