



# ARKANSAS AUCTIONEERS LICENSING BOARD alb-0200

No. \_\_\_\_\_

**FOR BOARD USE ONLY:**  
Exam(s) Completed: Yes \_\_\_\_\_ No \_\_\_\_\_

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Designated Person	Date	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

900 W. Capitol Ave Ste. 400  
Little Rock, Arkansas 72201  
(501) 682-1156  
kristy.arnold@arkansas.gov  
website: aralb.com  
**APPLICATION  
FOR  
AUCTION HOUSE LICENSE**

**FOR BOARD USE ONLY:**  
**Exam Required:** Yes \_\_\_\_\_ No \_\_\_\_\_

**FEES:**  
Examination Fee: \_\_\_\_\_  
License Fee: \_\_\_\_\_  
Recovery Fund: \_\_\_\_\_  
Total Fees: \$ \_\_\_\_\_

License Issued: \_\_\_\_\_

Hold License until July 1<sup>st</sup> \_\_\_\_\_

**APPLICANTS MUST READ THE ACCOMPANYING INSTRUCTION MATERIALS AND THE ARKANSAS AUCTIONEER LAW AND RULES BEFORE FILING THEIR APPLICATION.**

**TYPE OR PRINT IN BLACK INK**

(1) Indicate type of license desired: Check one.

\_\_\_ **House License with auctioneer as designated person.**

\_\_\_ **House License with non-auctioneer as designated person**

\_\_\_ **Auctioneer** – Enclose a check or money order (NO CASH) for \$100 for examination fee made payable to ARKANSAS AUCTIONEERS LICENSING BOARD. Enclose an additional check or money order (NO CASH) for \$200 for licensure and recovery fund made payable to ARKANSAS AUCTIONEERS LICENSING BOARD.

\$100.00 check or money order (NO CASH) for examination fee should be made payable to ARKANSAS AUCTIONEERS LICENSING BOARD; \$200.00 check or money order (NO CASH) for License and Recovery Fund should be made payable to ARKANSAS AUCTIONEERS LICENSING BOARD.

\_\_\_ **Reciprocal Auction House License with auctioneer as designated person.**

\_\_\_ **Reciprocal Auction House License with non-auctioneer as designated person.**

License fee (for fee amount contact our office) and \$100 Recovery Fund. Also, you must provide a letter from your home State's Licensing Agency, and from any other State's Licensing Agency in which you are licensed, certifying to your current licensing status. Check or money order (NO CASH) should be made payable to ARKANSAS AUCTIONEERS LICENSING BOARD.

In Addition, you will need to complete form ASP-122 and attach check or money order for \$22.00 made payable to ARKANSAS AUCTIONEERS LICENSING BOARD and you will also need to complete FBI Fingerprint Card and attach check or money order made payable to ARKANSAS STATE POLICE for \$13.25.

(2) Company Name \_\_\_\_\_

(3) Company Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

(4) Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
(If different from above)

(5) Physical Location \_\_\_\_\_ (6) Business Phone \_\_\_\_\_

(7) Applicant Name: **Mr.** **Mrs.** **Ms.** (circle one)

First	Middle (or Maiden Name)	Last
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(8) Applicant's Residence Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

(9) Mailing \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from above)

(10) Legal Resident of: State \_\_\_\_\_ County \_\_\_\_\_ (11) Home Phone \_\_\_\_\_

(12) SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (13) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (14) Business Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

(15) Is Applicant the sole owner of Auction House? Yes \_\_\_\_\_ No \_\_\_\_\_

(16) Is Applicant applying for a House license for a partnership/joint owners? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If "yes", indicate names of all partners in space provided in #18 below. For each partner, include name, Social Security Number, home address, phone number and title if applicable, and include copy of Partnership Agreement with application.)

(17) Is Applicant applying for House License for a corporation? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If "yes", indicate names and titles of all current Directors and Officers of such corporation in space provided in #18 below. For each person names, included Social Security Number, home address, phone number and include copy of Articles of Incorporation with application.)

(18) List partners, Officers or Directors, along with the additional information requested in questions #16 and #17 above. (attach additional sheet if needed)

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

4) \_\_\_\_\_

\_\_\_\_\_

5) \_\_\_\_\_

\_\_\_\_\_

(19) **Designated Person(s)**. Each house must designate the person or persons authorized to conduct business in Arkansas on behalf of the house. Such authority is limited to the designated person(s) only (they are not required to be principals of the house). Provide the names of each designated person, and if not previously listed in #18 above, include Social Security Number, home address, and phone number. Also indicate if the person is an auctioneer.

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_
- 4) \_\_\_\_\_  
\_\_\_\_\_

(20) Have you or any principal or designated person of the house ever held any type of auction license in any State Including Arkansas?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate below (attach additional sheet if needed)

Name	Type of License	State	From mo./yr.	To mo./yr.

**CHARACTER**

**YES or NO**

- (21) Have you or any principal or designated person ever been denied an auctioneer or auction house license or any other business or professional license of any type in AR or any other state or jurisdiction? (If **yes**, attach a separate statement giving **complete** details.) \_\_\_\_\_
- (22) Have you or any principal or designated person ever had an auctioneer or auction house license suspended, revoked or surrendered, or have you ever been disciplined by the licensing authorities in AR or any other state or jurisdiction, or is there any such action pending against you in connection with any auctioneer or auction firm license you hold? (If **yes**, provide a copy of the licensing agency's order, if applicable, and attach a separate statement giving **complete** details.) \_\_\_\_\_
- (23) Have you or any principal or designated person ever had any other business or professional license suspended, revoked or surrendered in AR or any other state or jurisdiction, or is there any disciplinary action pending against you in connection with any other license that you hold? (If **yes**, attach a separate statement giving **complete** details.) \_\_\_\_\_
- (24) Have you or any principal or designated person ever been arrested or charged with a criminal offense? (If **yes**, attach a separate statement giving complete details.) \_\_\_\_\_
- (25) Have you or any principal or designated person ever been convicted of any criminal offence (other than minor traffic offences) or is there any criminal charge now pending against you? (If **yes**, attach a separate statement giving complete details.) \_\_\_\_\_

- (26) Are there any unpaid judgement of debt now outstanding against you or any principal or designated person? (If **yes**, provide name of creditor, amount, date, current balance, and a **complete** explanation.) \_\_\_\_\_
- (27) Have you or any principal or designated person ever been discharged in bankruptcy or are currently a debtor in a bankruptcy proceeding? (If **yes**, provide copy of bankruptcy order discharging you from debts, or bankruptcy petition if pending. Also provide **complete** explanation). \_\_\_\_\_

**Character Endorsement:**

We, the undersigned, do hereby certify to the Arkansas Auctioneers Licensing Board that we reside in the community in which the applicant resides (or has resided); that we are not related to the applicant; that we are not presently nor do we propose to be associated with the applicant in the auction business; that the applicant is well known to us individually; and that he (or she) is of good moral character and bears a good reputation for honesty, truthfulness and integrity.

1. \_\_\_\_\_  
 Print name of endorser  
 \_\_\_\_\_  
 Signature of endorser  
 \_\_\_\_\_  
 Address City State  
 \_\_\_\_\_  
 Phone Occupation  
 \_\_\_\_\_  
 Company

2. \_\_\_\_\_  
 Print name of endorser  
 \_\_\_\_\_  
 Signature of endorser  
 \_\_\_\_\_  
 Address City State  
 \_\_\_\_\_  
 Phone Occupation  
 \_\_\_\_\_  
 Company

How long have you known the applicant? \_\_\_\_\_  
 In what capacity? \_\_\_\_\_  
 \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_  
 In what capacity? \_\_\_\_\_  
 \_\_\_\_\_

**RESIDENCE**

- (28) List all places of residence during past seven years – **List present address first** – (attach sheet if needed.)

Street Address or Highway Number	City	State	From (MO./Yr.)	To(MO./Yr.)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**EMPLOYMENT**

- (29) Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

- (30) Describe all employment during the past seven years – **list present employment first** –attach sheet if needed.

1. _____	_____	_____	_____	_____
Company Name	Address	City	State	Phone
Position	Duties		From Mo./Yr.	To Mo./Yr.
2. _____	_____	_____	_____	_____
Company Name	Address	City	State	Phone
Position	Duties		From Mo./Yr.	To Mo./Yr.
3. _____	_____	_____	_____	_____
Company Name	Address	City	State	Phone
Position	Duties		From Mo./Yr.	To Mo./Yr.

(31) Licenses are issued in the house's name as you have indicated in item #2 of this application. If you plan to advertise and conduct auction business under any other name, trade name, or assumed name, you must file such names(s) with the Board. You should indicate the same (if known) below:

(32) **All licenses expire June 30<sup>th</sup> each year**, regardless of the date of issuance (17-17-302 (b) 1c). Your application will be reviewed at the next regularly scheduled monthly meeting of the Board (following examination, if applicable) and, if approved, the license will be issued immediately after that meeting. Applicants should indicate their preference below:

- Issue license as soon as possible.       Hold license until beginning of next fiscal year (July 1<sup>st</sup>).

**This affidavit to be executed by applicant before a notary public:**

- (33) The undersigned, in making this application to the Arkansas Auctioneer Licensing Board, swears (of affirms):
1. That he/she is the applicant named herein;
  2. That he/she has read and understands the Arkansas Auctioneer Licensing Law and the Rules and Regulations of the Licensing Board;
  3. That he/she agrees to abide by the Arkansas Auctioneer Law and Rules;
  4. That he/she is authorized by the other principals to make this application on their behalf as to bind them to any term, conditions, rules or regulations as may be imposed by Rule, Statute or Agreement with the board;
  5. That the answers and information contained herein are true to the best of his/her knowledge and belief;
  6. That he/she understands that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny permission to take an examination or to deny a license or to withhold renewal of or suspend or revoke a license issued by the Board;
  7. That he/she understands that the Board may make such inquiry and investigation concerning the applicant's, any principal's and any designated person's character, record and background as the Board deems necessary, and said applicant further agrees to furnish any additional information or documentation requested by the Board.

**Signature of applicant:** \_\_\_\_\_

**Sworn and Subscribed to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_

\_\_\_\_\_  
**(Name of Notary Public)**

\_\_\_\_\_  
**(Signature of Notary Public)**

**My Commission Expires** \_\_\_\_\_

**County** \_\_\_\_\_ **State** \_\_\_\_\_

(Affix Seal)

**NOTE LICENSE RESTRICTIONS & EXAMINATION REQUIREMENTS**

Authority to transact business under a house license is limited to the person or persons so designated in the application. The designated person or persons are required to satisfactorily pass a written examination on the Auctioneer Law and Rules and Regulations prior to being licensed.

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Arkansas Auctioneers Licensing Board bearing this release to obtain any information in your files pertaining to my records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized representative of the Arkansas Auctioneers Licensing Board, whether said records are of public, private or confidential nature.

The intent of the authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Arkansas Auctioneers Licensing Board to consider in determining my suitability for obtaining a license with that agency. It is my specific intent to provide access to information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, by background and reputation, my financial status, my criminal history record, including any arrest records and information contained in investigative files, either criminal or civil, in which I presently have or have had an interest, including any files which are deemed to be confidential and/or sealed.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records and I waive those rights with the understanding that information furnished will be used by the Arkansas Auctioneers Licensing Board in conjunction with my application for license or renewal application for license.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to release you and your representative from liability or damages that may result from furnishing the information requested.

\_\_\_\_\_  
Signature

SWORN AND SUBSCRIBED BEFORE ME

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
NOTARY PUBLIC, this \_\_\_\_\_

\_\_\_\_\_  
Street Address

day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Social Security Number      Date of Birth

CM600