

ARKANSAS AUCTIONEERS LICENSING BOARD alb-0200

| A CONTRACTOR OF THE PROPERTY O | | No |
|--|--|---|
| FOR BOARD USE ONLY: Exam(s) Completed: YesNo_ | | FOR BOARD USE ONLY: Exam Required: YesNo |
| | | FEES: |
| Designated Person Date Gr | 101 E. Capitol, Suite 112B | Examination Fee: |
| Designated Person Date Gr | Little Rock, Arkansas 72201 | |
| 1. | (501) 682-1156 | Recovery Fund: |
| | kristy.arnold@arkansas.gov | Total Fees: \$ |
| <u>2</u> . | | License Issued: |
| 3. | APPLICATION | License issued |
| <u>5.</u> | FOR AUCTION HOUSE LICENSE | Hold License until July 1st |
| 4. | | Their Electrics until Guly 1 |
| | ACCOMPANYING INSTRUCTION M S BEFORE FILING THEIR APPLICA | TION. |
| | TYPE OR PRINT IN BLACK INK | |
|) Indicate type of license desire | ed: Check one. | |
| House License with auctione | eer as designated person. | |
| House License with non-auc | tioneer as designated person | |
| AUCTIONEERS LICENSING BOAF fund made payable to ARKANSAS. \$100.00 check or money order (NO | RD. Enclose an additional check or money of AUCTIONEERS LICENSING BOARD. | for examination fee made payable to ARKANSAS order (NO CASH) for \$200 for licensure and recovery ayable to ARKANSAS AUCTIONEERS LICENSING and should be made payable to ARKANSAS |
| AUCTIONEERS LICENSING BOAF | | • • |
| Reciprocal Auction House Li | icense with auctioneer as designated perso | n. |
| Reciprocal Auction House Li | icense with non-auctioneer as designated p | erson. |
| Licensing Agency, and from any oth | | ou must provide a letter from your home State's icensed, certifying to your current licensing status. |
| | | rder for \$22.00 made payable to ARKANSAS gerprint Card and attach check or money order made |
| C) Company Name | | |
| Company Address | City | StZip |
|) Mailing Address | City | StZip |
| (If different from above) | | |
|) Physical Location | (6) Bus | iness Phone |
|) Applicant Name: Mr. Mrs. I | Ms. (circle one) | |
| First | Middle (or Maiden Name) | Last |

| (8) | Applicant's Residence Address: | City | St | Zip | | | | | | |
|-----|---|---|---------------------------|------|--|--|--|--|--|--|
| 9) | Mailing(if different from above) | City | St | _Zip | | | | | | |
| 10) | Legal Resident of: State Coun | uty (11) Home | e Phone | | | | | | | |
| 12) | SSN#(13 | s) Date of Birth/ | (14) Business Phone_ | | | | | | | |
| | E-Mail Address | | | | | | | | | |
| 15) | Is Applicant the sole owner of Auction | า 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 Licent (If "yes", indicate names and titles of all of #18 below. For each person names, include copy of Articles of Incorporation of the second second second second second second second sec | current Directors and Officers of su luded Social Security Number, hon | ch corporation in space p | | | | | | | |
| 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) | | | | | | | | | |
| | 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) | | | | | |
|---|---|--|--------------------------------|-------|--------------|------------|
| | | | | | | |
| | 3) | | | | | |
| | | | | | | |
| (20) Have you or any principal or designated person of the house ever held any type of auction license in a Including Arkansas? | | | | | | |
| | Yes No | | ch 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.) | | | | | |

| 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.) | | | | | | - | | |
|---|---|--|----------------------------------|------------------------------|--|------------------------------|----------------------------------|-----------------------|
| 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). | | | | | | | - | |
| which the applica propose to be ass | orsement: ned, do hereby ce nt resides (or has sociated with the a s of good moral ch | resided); that applicant in the | we are not relate auction busine | ed to the ap ss; that the | plicant; tha applicant is | t we are well kno | not presen own to us ir | tly nor c ndividua |
| 1 | er | | 2 | Print name of | endorser | | | _ |
| Signature of endorser | | | | Signature of e | | | | _ |
| Address | City | State | | Address | City | | State | _ |
| Phone | • | cupation | | Phone | —————————————————————————————————————— | Occupa | | _ |
| Company | | | | Company | | | | _ |
| | you known the a | | | ong have y at capacity | | | | |
| | | | | | | | | |
| RESIDENCE List all places of | f residence durin | ig past seven | years – List Į | oresent ad | dress firs | t – (atta | ich sheet i | f neede |
| List all places of Street Address or F | lighway Number | City | State | oresent ad | | t – (atta MO./Yr.) | | |
| List all places of Street Address or F | | City | State | oresent ad | | | | |
| List all places of Street Address or F | lighway Number | City | State | oresent ad | | | | |
| List all places of Street Address or F 1 2 3 | lighway Number | City | State | oresent ad | | | | |
| List all places of Street Address or F | lighway Number | City | State | oresent ad | | | | |
| Street Address or H 1 2 3 EMPLOYMENT | lighway Number | City | State | oresent ad | | | | |
| List all places of Street Address or H 1 2 3 EMPLOYMENT Are you present | lighway Number | City | State | | From (I | MO./Yr.) | To(MO./ | (r.) |
| List all places of Street Address or H 1 2 3 EMPLOYMENT Are you present | dighway Number tly employed? Ye | City | State | | From (I | MO./Yr.) | To(MO./\ | (r.) |
| List all places of Street Address or F 1 2 3 EMPLOYMENT Are you present Describe all emples 1 | dighway Number tly employed? Ye coloyment during | es Nthe past seve | State No en years – list | | From (I | MO./Yr.) | To(MO./\ | eet if ne |
| List all places of Street Address or H 1 2 3 EMPLOYMENT Are you present Describe all emplement 1 Company Name Position 2 | dighway Number tly employed? Yes ployment during Ad | City es the past seve | No en years – list | | mploymer State | MO./Yr.) | -attach sh | eet if ne |
| List all places of Street Address or H 1 2 3 EMPLOYMENT Are you present Describe all emplement 1 Company Name Position | dighway Number tly employed? Yes ployment during Ad | City es the past seve | State No en years – list | | From (I | MO./Yr.) | -attach sh | eet if ne |
| List all places of Street Address or H 1 2 3 EMPLOYMENT Are you present Describe all emplement 1 Company Name Position 2 | tly employed? Ye bloyment during | City es the past seve | No en years – list | | mploymer State | MO./Yr.) nt first | -attach sh | eet if ne |
| List all places of Street Address or F 1 2 3 EMPLOYMENT Are you present Describe all emplement 1 Company Name Position 2 Company Name | dighway Number tly employed? Yet coloyment during Ad Du Ad | City es the past seventies dress dress | No en years – list | | mploymer State From M | MO./Yr.) nt first | -attach sh To Mo./Yr To Mo./Yr | eet if ne |

| | | CountyState | | | | |
|------------------|--|---|--|--|--|--|
| | (Name of Notary Public) | (Signature of Notary Public) My Commission Expires | | | | |
| Swor | | (Signature of Notary Bublic) | | | | |
| | _ | ature of applicant: | | | | |
| Γhis (33) | The undersigned, in making this application to the That he/she is the applicant named herein; That he/she has read and understands the Arkansa Licensing Board; That he/she agrees to abide by the Arkansas Aucti That he/she is authorized by the other principals to conditions, rules or regulations as may be imposed That the answers and information contained herein That he/she understands that any omissions, inacc sufficient reason to deny permission to take an exa or revoke a license issued by the Board; That he/she understands that the Board may make principal's and any designated person's character, | e Arkansas Auctioneer Licensing Board, swears (of affirms): cas Auctioneer Licensing Law and the Rules and Regulations of the tioneer Law and Rules; c make this application on their behalf as to bind them to any term, | | | | |
| | ☐ Issue license as soon as possible. ☐ Hol | ld license until beginning of next fiscal year (July 1 st). | | | | |
| (32) | application will be reviewed at the next regularly | rdless of the date of issuance (17-17-302 (b) 1c). Your y scheduled monthly meeting of the Board (following license will be issued immediately after that meeting. | | | | |
| (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: | | | | | |
| | | | | | | |

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.

(Affix Seal)