



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF BUSINESS REGULATION  
DIVISION OF COMMERCIAL LICENSING  
and Racing and Athletics  
*John O Pastore Center 69-1*  
1511 Pontiac Ave  
Cranston, Rhode Island 02920

Telephone (401) 462-9506  
FAX (401) 462-9645  
TTY: 711  
[www.dbr.state.ri.us](http://www.dbr.state.ri.us)

#### APPLICATION FOR AUCTIONEER'S LICENSE INSTRUCTIONS

- **TRIENNIAL LICENSE \*LICENSE FEES ARE PRO-RATED PER YEAR CALL FOR CURRENT FEES\***
- **CHECK OR MONEY ORDER PAYABLE TO: "RHODE ISLAND GENERAL TREASURER"**
- **ALL LICENSEES NEED TWO (2) COLOR PHOTOGRAPHS (1X1) FULL FACE FOR I.D. CARDS**
- **TAX AFFADAVIT**

#### RESIDENT AUCTIONEER APPLICANTS

1. \$10.00 Application Fee
2. \$15.00 Examination Fee (unless actively licensed in good standing at time of 1995 deregulation or have completed six months licensed apprenticeship and have conducted at least ten auctions within the state of Rhode Island or graduated from a course of study of at least eighty hours from any approved school of Auctioneering and served three month licensed apprenticeship and conducted at least five auctions in the state of Rhode Island)
3. License Fee is PRO-RATED per year: \$600 the first year, \$400 the second year, \$200 the third year.\*
4. \$10,000.00 Surety Bond
5. Criminal History Record "CHR" from the Department of Attorney General

#### NON-RESIDENT AUCTIONEER APPLICANTS

1. \$10.00 Application Fee
2. Reciprocal Applicants must provide copy of current valid auctioneer's license issued by state of domicile.
3. Non-Reciprocal Applicants must submit \$15.00 examination fee
4. License Fee is PRO-RATED per year: \$900 the first year, \$600 the second year, \$300 the last year\*
5. \$10,000.00 Surety Bond
6. Submit a National Criminal History Record "CHR." Apply at the Bureau of Criminal Identification of the State Police for a nationwide criminal records check.
7. Uniform Consent to Service of Process

#### APPRENTICE AUCTIONEER APPLICANTS (Resident's Only)

1. \$10.00 Application Fee
2. License Fee is PRO-RATED per year: \$60 the first year, \$40 the second year, \$20 the last year.\*
3. \$2,000.00 Surety Bond
4. Criminal History Record "CHR" from the Department of Attorney General

**⇒You are hereby notified that you must comply with all relevant Rhode Island laws and requirements regarding Duty Fees at the General Treasurer's office (401)222-2287 and Sales Tax at the Taxation Department (401)222-2950. Such laws include the requirement of securing an annual retail sales permit pursuant to RI General Law 44-19-1.⇐**

The Licensing Law Title 5 Chapter 5-58 & the Rules and Regulations pertaining to Auctioneers are available at the Department of Business Regulation for \$2.00 per copy or on line at [www.dbr.ri.gov](http://www.dbr.ri.gov)



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APPLICATION FOR AUCTIONEER LICENSE

CATEGORY OF APPLICANT :

- \_\_\_\_\_ I am applying for an apprentice auctioneer permit. (Rhode Island Residents Only)
- \_\_\_\_\_ I am applying as a resident auctioneer. I need to take the exam.
- \_\_\_\_\_ I am applying as a resident auctioneer. Attached is proof of completed apprentice auctions, and/or education requirements.
- \_\_\_\_\_ I am applying for a reciprocal non-resident auctioneer license. I presently have a license in my state of domicile, which is a lawful jurisdiction reciprocal with Rhode Island.
- \_\_\_\_\_ I am applying for a non-resident auctioneer license. My state of domicile is not reciprocal with Rhode Island. I need to take the exam.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Name (Last) (First) (Middle) Social Security Number

3. \_\_\_\_\_  
 Residence (Street) (City/Town) (State) (Zip)

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 Home Telephone Number Date of Birth Place of Birth

7. Height: \_\_\_\_\_ 8. Weight: \_\_\_\_\_ 9. Color of Eyes: \_\_\_\_\_ 10. Color of Hair: \_\_\_\_\_

11. \_\_\_\_\_  
 Name and Address of Employer

12. \_\_\_\_\_ 13. \_\_\_\_\_  
 Business Telephone Number Date of Employment

14. List other Auctioneer licenses or apprentice auctioneer licenses or permits held:  
 State Date of Issue Date of Expiration

15. Complete the following questions by checking the appropriate box. Explain any "yes" answers in detail on separate sheet (s) of paper and attach statement to this application.

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever been denied any auctioneer license or apprentice auctioneer license or permit in this or in any other state or jurisdiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever had an auctioneer license or apprentice auctioneer license or permit suspended or revoked, or have you ever been disciplined by the licensing authority in this or any other state or jurisdiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever had any other business or professional license of any kind denied, suspended, or revoked in this or any other state or jurisdiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever (1) been convicted of or plead nolo contendere to anything other than a minor traffic violation or (2) been convicted or plead nolo contendere to any crime of moral turpitude, or (3) been convicted or plead nolo contendere to misrepresenting goods sold at auction, or (4) been convicted or plead nolo contendere to appropriating or unlawfully converting monies of others?

\_\_\_\_\_ Yes \_\_\_\_\_ No Are there any unpaid judgments of debt now outstanding against you?

**16. FOR APPRENTICE AUCTIONEER APPLICANTS:**

The auctioneer with whom the applicant will be affiliated or associated with must personally sign the following statement:

This is to certify that the apprentice auctioneer applicant named in this application will, when issued a permit by the Director of Business Regulation, be associated with, employed, or engaged by me in the capacity of an apprentice auctioneer, that I will exercise proper supervision over and assume responsibility for his/her acts as an apprentice auctioneer while associated with me in accordance with applicable provisions of any rules and regulations promulgated by the Director, and I certify that to the best of my knowledge he/she is a person of honesty, truthfulness, and integrity, and that I will personally appear before the Director and/or his/her designated representative(s) in conjunction with this application if requested to do so. I further certify that I have read the completed application before signing below.

Name and address of Supervising Auctioneer: \_\_\_\_\_

License Number: \_\_\_\_\_

x \_\_\_\_\_  
Signature of Supervising Auctioneer

**17. FOR ALL APPLICANTS:**

All applicants must have this section endorsed by two (2) reputable citizens of the community in which you reside or have resided.

We, the undersigned citizens, residing at the present time in the community in which the applicant resides or has resided, and who are not related to nor associated with the applicant in business, do hereby certify that he/she is well known to us individually, is of good moral character, and bears a good reputation for honesty, truthfulness, and integrity.

\_\_\_\_\_  
Print Name of Endorser

\_\_\_\_\_  
Print Name of Endorser

\_\_\_\_\_  
Signature of Endorser

\_\_\_\_\_  
Signature of Endorser

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

The undersigned hereby applies for an auctioneer's license/apprentice auctioneer's permit pursuant to the provisions of Title 5, Chapter 58, of the General Laws of Rhode Island and any rules and regulations in support of the law promulgated by the Director. The undersigned makes oath that he/she has read and understands his/her obligations under the law and swears to the truth and accuracy of all statements, answers and representations made in the application, including all supplementary statements hereto attached.

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

X \_\_\_\_\_  
Signature of Notary Public

My Commission Expires

APPOINTMENT OF DIRECTOR OF BUSINESS REGULATION  
AS AGENT OF AUCTIONEER  
TO ACCEPT SERVICE OF PROCESS OR PLEADING

Pursuant to the provisions of Title 5, Chapter 5-58, of the General Laws of Rhode Island, 1956 as amended and supportive rules and regulation, I, \_\_\_\_\_, do hereby appoint the Director of Business Regulation as my agent for the receipt of service of process or pleadings in the State of Rhode Island, upon which Director process or pleadings against me may be served. I do hereby consent that suits and actions may be commenced against me in the proper court of any country in the State of Rhode Island in which the plaintiff may reside by the service of any process or pleading authorized by the laws of the State of Rhode Island on the Director of Business Regulation, and I do hereby stipulate and agree that any such service of process or pleadings on the Director shall be taken and held in all courts to be as valid and binding upon me as if due service had been made upon me personally within the State of Rhode Island.

The foregoing appointment, consent, stipulation, and agreement shall be deemed to be and is irrevocable.

WITNESS my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

X \_\_\_\_\_

STATE OF ( \_\_\_\_\_ )

COUNTY OF ( \_\_\_\_\_ ) SS:

On this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ personally appeared before me, a notary public in and for said Country and State, \_\_\_\_\_, to me know to be the person described in an who executed the foregoing instrument and acknowledged that he/she executed such instrument as his/her free act and deed.

X \_\_\_\_\_

My Commission Expires:

Signature of Notary Public

BOND OF AUCTIONEERS

TO THE DIRECTOR, DEPARTMENT OF BUSINESS REGULATION

STATE OF RHODE ISLAND AND PROVIDENCE PLANTIONS

KNOW ALL MEN BY THESE PRESENTS, THAT WE \_\_\_\_\_, as principal and \_\_\_\_\_, as surety, are held and firmly bond unto the Director of The Department of Business Regulation, State of Rhode Island in the aggregate sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_), to the payment whereof we bind ourselves, our heirs, executors, administrators and assigns, jointly and severally, firmly by these presents.

WHEREAS, a license has been granted to the principal by the oblige to engage in business as an auctioneer in this State.

NOW, THEREFORE THE CONDITION OF THIS OBLIGATION is such that if the said principal shall comply with all of the provisions of Title 5, Chapter 5-58 of the General Laws of Rhode Island, An Act Relating to the Licensing of Auctioneers, shall faithfully observe and honestly comply with such statutes, rules and regulations, and any amendments thereto, as require the execution of this bond, and shall agree to execute the duties of his office according to law, to pay over all monies received by him for goods sold at auction, to the owners thereof, and to pay over all duties to the State and to the Town which shall accrue on goods sold by him, then this obligation to be void: otherwise to remain in full force and effect.

It is expressly understood that this bond may be cancelled by the Surety at the expiration of thirty (30) days from the date upon which the Surety shall have filed with the principal and oblige written notice to cancel. This provision, however, shall not operate to relieve, release, or discharge the surety from any liability already accrued or which shall accrue before the expiration of the thirty (30) day period.

Signed, sealed and dated this \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_\_.

X \_\_\_\_\_  
Witness to Principal (Signature)

X \_\_\_\_\_  
Principal (Signature)

X \_\_\_\_\_  
Witness to Surety (Signature)

By \_\_\_\_\_  
Attorney-in fact (Signature)

**\*\*\*NOTICE TO NON-RESIDENT RECIPROCAL APPLICANTS\*\*\***

**IF YOU HAVE AN AUCTIONEER LICENSE IN YOUR STATE OF DOMICILE AND WE HAVE RECIPROCITY WITH THAT STATE YOU DO NOT NEED TO TAKE OUR EXAMINATION BUT NEED TO COMPLY WITH ALL OTHER LICENSING REQUIRMENTS.**

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**THE FOLLOWING STATES ARE RECIPROCAL WITH RHODE ISLAND:**

**FLORIDA, INDIANA, KENTUCKY**

**LOUISIANA, PENNSYLVANIA, SOUTH CAROLINA**

**TENNESSEE, TEXAS, VIRGINIA**

## Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

### Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # \_\_\_\_\_)
- I am in state receivership. (Case # \_\_\_\_\_)
- I have been discharged from Bankruptcy. (Case # \_\_\_\_\_)

\_\_\_\_\_  
Type of Professional License for which you are applying

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN if appropriate)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (including area code if not 401)

\_\_\_\_\_  
Date