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Auctioneer License Application

Chapter 343 RSMo. And H.B. 1170 REV 1978

STATE OF MISSOURI)

) **SS.** To the Collector of Revenue of Saline County, Missouri

COUNTY OF SALINE)

The undersigned _____
Name of Applicant (Please Print)

doing business as _____
Business Name

whose principal business office address is _____
Street Location (No PO Box)

in the city of _____ in Saline County, Missouri, hereby makes application for a Public

Auctioneer License for the period as checked below:

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing Period	12 Months	6 Months	3 Months	1 Month	10 Days
Fee Payment Required	\$55.00	\$35.00	\$25.00	\$15.00	\$10.00

With a starting date of _____, 20_____

subject to the provisions of Chapter 343 RSMo and H.B. 1170 Rev. 1986.

Applicant hereby agrees every person who shall violate any of the provisions of this chapter is guilty of a misdemeanor, and, upon conviction, shall be punished by a fine of not less than twenty not more than five hundred dollars, and shall be disqualified from exercising the rights or pursuing the business of an auctioneer for a period of one year from the date of his/her conviction. After January 1, 1987, every person who shall violate any of the provisions of this chapter is guilty of a Class C misdemeanor and shall be disqualified from exercising the rights or pursuing the business of and auctioneer for a period of one year from the date of his/her conviction.

It is also expressly understood and agreed that the license granted to me may be revoked at any time upon proper showing of any violation by me or my employees of any law of the State of Missouri or of a regulation, ordinance or rule of the city concerning said business of Public Auctioneering, and upon revocation thereof I shall not be entitled to a refund in whole or in part of the fee paid for this license.

Signature of Applicant

Phone Number

Email

Date

Mailing Address (if different from above)

Funds are to be made payable to Saline County Clerk.

Approval: Presiding Commissioner _____ Northern District Commissioner _____ Southern District Commissioner _____

Received: ___/___/___ Approved: ___/___/___ Date License Sent: ___/___/___