



For office use only: Licensing Year: _____ License No.: _____ Date Issued: _____
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APPLICATION NEW GOODS AT PUBLIC AUCTION LICENSE

Business/Individual Information:

Name of Proposed Licensee _____

Residence _____

Post Office Address _____

Business Telephone No. _____ Home Telephone No. _____

If corporation: Date of Incorporation: _____ State of Incorporation: _____

If not incorporated in State of Kansas, date qualified to conduct business as a foreign corporation in the State of Kansas _____

If a firm or association, list names and addresses of all members; if corporation, names and addresses of corporate officer. Attached additional sheets if necessary.

Auctioneer Information:

Name of Auctioneer _____

Business Address _____

Residence _____

Business Telephone No. _____ Home Telephone No. _____

Event Information:

Auction date(s) _____

Auction location _____

Description of items to be auctioned _____

The following must be with this application:

1. A detailed inventory of goods to be sold must be attached to this application and made a part hereof.
2. A bond issued by a corporate surety authorized to do business in the state, in the penalty sum of three times the cost to the vendor of the merchandised proposed to be offered for sale at public auction, to the State of Kansas is attached to this application and made a part hereof.
3. Within 10 days after the last day of the public auction, the applicant shall file back to this office an inventory of all goods, wares, and merchandise sold at the auction and the price received.

I, _____, the above named, have complied with all requirements as prescribed by the sales tax laws of the State of Kansas and hold a valid unrevoked certificate of registration issued by the director of revenue to sell tangible personal property at retail as a transient seller in the State of Kansas. Furthermore, I agree to comply with all requirements of the Salina Code and K.S.A. 58-1014 – 58-1026 regulations of conducting such auction. My license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application.

Applicant's Signature

Personal Oath

State of Kansas)
County of Saline)

I, _____, being duly sworn, that all statements therein contained are true.

Applicant's Signature

Subscribed and sworn to before me this ____ day of _____, 200__.

{seal}

Notary Public

\$25.00 x ____ (# of days) = _____ Paid Date _____ Receipt No. _____ Received by _____
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Copy Application to: KS Department of Revenue; Docking State Office Building; Room 230; Topeka, KS 66612

Approved/Disapproved

Date

City Clerk

12/2/2005

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