



Office Use Only:
License #: _____
Exp date: _____
Fee: \$20.00

Beltrami County License Center  
 701 Minnesota Ave NW, Ste 100  
 Bemidji, MN 56601  
 218-333-4104

STATE OF MINNESOTA  
 }  
 COUNTY OF BELTRAMI

NO. \_\_\_\_\_

**APPLICATION FOR AUCTIONEER LICENSE**

Pursuant to Minnesota Statutes Chapter 330

To be issued to: \_\_\_\_\_  
Print Full Name

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Residing in the County of Beltrami for longer than six months in the city/township of \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Must be 18 years of age or older)

MN State Business ID \_\_\_\_\_ Federal ID/or SSN \_\_\_\_\_

Email Address: \_\_\_\_\_

**Tennessee warning**

This application requests your Social Security number and Minnesota business identification number. State law requires you to provide this information on a license application you make to the County in order to conduct a profession, occupation, trade, or business. If you do not have a Social Security number or Minnesota business identification number, you may certify the same and your application will still be processed. The data collected on this application may be shared with the State of Minnesota for the purpose of collecting taxes, penalty, and interest owed to the State, and for the purpose of requiring returns to be filed. My signature attests that all the statements made and information provided in this application are true and correct.

Dated: \_\_\_\_\_  
 \_\_\_\_\_  
(Signature of applicant)

**\*\*A Surety Bond for \$1000** must be submitted with this application.