

Expiration Date: \_\_\_\_\_ Amount \$23.00  
APPLICATION FOR "PUBLIC AUCTION CRIER" LICENSE  
UNDER ST. LOUIS COUNTY ORDINANCE 815 SLCRO

NAME OF APPLICANT \_\_\_\_\_

First                      Middle Initial                      Last

HOME ADDRESS \_\_\_\_\_

Street                      City                      State                      Zip Code

\_\_\_\_\_  
Phone Number

How Long Has Applicant Been a Resident of Missouri? \_\_\_\_\_

Business or Occupation for the Past year \_\_\_\_\_

Address of Business or Occupation for the Past Year \_\_\_\_\_

\_\_\_\_\_  
Name of Licensed Public Auctioneer

\_\_\_\_\_  
Address

I certify that all answers and statements made on this application and any attachments are true to the best of my knowledge. I agree and understand that any misstatement of material facts herein is cause for suspension or revocation of license.

\_\_\_\_\_  
Signature of Auction Crier

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

My Commission Expires:

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Licensed Auctioneer

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

My Commission Expires

\_\_\_\_\_  
Notary Public

## **INSTRUCTIONS FOR AUCTION CRIER APPLICATION**

PLEASE ANSWER EACH QUESTION. IF NOT APPLICABLE WRITE N/A. IF ADDITIONAL SPACE IS NEEDED, USE BACK OF APPLICATION OR SEPARATE PIECE OF PAPER. ANY APPLICATION NOT COMPLETELY FILLED OUT, SIGNED AND NOTARIZED WILL BE RETURNED. RETURN PAYMENT OF \$23.00 PAYBLE TO ST. LOUIS COUNTY DEPARTMENT OF REVENUE.

Licensing Division

41 South Central Avenue • Saint Louis, MO 63105 • PH 314/615-5107 • TTY 314/615-3746  
FAX 314/615-5125 web <http://www.stlouisco.com> revised as of Jan 2012