



State of Illinois

AUCTION FIRM 444

**Application for Licensure
Under the**

**AUCTION LICENSE ACT
PUBLIC ACT 91-0603**

**ILLINOIS DEPARTMENT OF
FINANCIAL AND PROFESSIONAL
REGULATION**

**Division of Professional Regulation
320 West Washington Street
Springfield, IL 62786**



APPLICATION FOR AN AUCTION FIRM LICENSE

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

320 West Washington Street, 3rd Floor
Springfield, Illinois 62786
217/782-3414

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR LICENSURE AS AN AUCTION FIRM

1. This application is for licensure as an Auction Firm that is a Corporation, Limited Liability Company (LLC) or a legally formed Partnership through the Illinois, Secretary of State's Office.
2. Select the type of Firm for which you are applying and mark the appropriate box.

CORPORATIONS - Attach an affidavit of nonparticipation for each unlicensed officer and director of the corporation and one of the appropriate documents issued by the Illinois Secretary of State, as follows:

- a. Illinois Corporations –Submit a complete copy of the Articles of Incorporation and Certificate of Incorporation.
- b. Foreign Corporations (those incorporated outside of Illinois) - A complete copy of the Articles of Authority to conduct business in Illinois as well as a copy of your articles from your original state of incorporation.

NOTE: The Articles of Incorporation must be filed with the Illinois Office of the Secretary of State.

PARTNERSHIP - Attach an affidavit stating that the partnership has been legally formed.

NOTE: Limited partnerships must be filed with the Illinois office of the Secretary of State.

LIMITED LIABILITY COMPANY – Attach an affidavit of nonparticipation for each unlicensed officer, director or member of the LLC and the appropriate documents issued by the Illinois Secretary of State, as follows:

- a. Articles of Organization
- b. Foreign LLC (those organized outside of Illinois) – In addition to your articles of Organization, please submit Articles of Authority issued by the Illinois Secretary of State, any operating agreement and your Assumed Name Certificate (if applicable) from the Illinois Secretary of State.
- c. If any Member is a corporation, include:
 - A copy of the Articles of Incorporation,
 - The corporation's FEIN number,
 - A list of all shareholders, their Illinois Auctioneer(s) license number and their percent of ownership interest in the corporation.
- d. If any Member is a partnership, include:
 - An affidavit stating that the partnership has been legally formed,
 - A letter of authority from the Secretary of State only if it is a limited partnership,
 - A list of all partners, designation of each as either a limited or general partner, their Illinois Auctioneer(s) license number and their percent of ownership in the partnership.

Part I 1. **Name of Firm** – Please indicate the Legal name of your Corporation, LLC or Partnership- **Assumed Name (DBA)** - If an assumed name will be used, attach a certified copy of the assumed name certificate, obtainable from the county clerk (partnership) or the Illinois Secretary of State (corporation and LLC).

2. **Date of Organization** – Indicate the date which your auction firm was legally formed.

3. **FEIN Number** – Indicate the Federal Employer Identification Number assigned by the IRS. A Federal Employer Identification Number (FEIN) is required; if a FEIN has not been issued, a photocopy of the FEIN application must be forwarded with this application. You will need to submit your FEIN number once received.

4. **Street Address** – Indicate the complete street address of your firm. In addition, you may also indicate your P.O. Box (if applicable).

5. **City, State and Zip Code** - Indicate the City, State and Zip Code.
6. **Firm Telephone number** – Indicate the Auction Firm’s Daytime Telephone Number.
7. **Name of Managing Auctioneer of Firm** – Indicate the firm’s Managing Auctioneer’s Name.
8. **License Number of Managing Auctioneer** – Indicate the Managing Auctioneer’s License Number. The managing auctioneer of the firm must associate/transfer himself/herself and all licensees employed by the firm only **AFTER** receipt of the firm license. A properly completed sponsor card and the applicable fee must be submitted for each transaction.
9. **Managing Auctioneer Telephone Number** – Indicate the Managing Auctioneer’s Daytime Telephone Number.
10. **Name of Person Completing Application** – Indicate the name of the individual completing this application.
11. **List All Officers, Directors, General, Limited and Managing Partners or Members** – List all Officers Directors, General, Limited and Managing Partners or Members, Names, Illinois Auction License Numbers (if applicable), their titles and street addresses.
12. **List all Person(s) and/or Entities having an Ownership Interest** – Indicate the Name/Entity having ownership, their Illinois Auction License Number (if applicable), percentage of ownership and street address.

PART II. Certifying Statement – Read the certifying statements in their entirety to ensure your understanding. Indicate your printed name, title and date. Affix your signature. All information contained within your application is subject to audit.

CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS –MUST BE COMPETED- Mark the appropriate box regarding escrow/special accounts. If you do not accept escrow monies and do not hold monies belonging to others, mark the appropriate box and continue with Part C.

Part A – AUCTIONEER/AUCTION FIRM INFORMATION

1. Name of Auctioneer or Auction Firm – Indicate the name of the auctioneer/auction firm.
2. Mailing Address – Indicate the street address of the auctioneer/auction firm.
3. License Number – Indicate the auctioneer/auction firm license number for which accounts are held.
4. Name of Responsible Person – Indicate the name of the responsible person for maintaining escrow records.
5. Mailing Address of Responsible Person – Indicate the street address for the responsible person.
6. Social Security or FEIN Number – Indicate the social security number for auctioneer or FEIN for an auction firm.

Part B – DEPOSITORY AT WHICH SPECIAL ACCOUNT(S) ARE MAINTAINED

1. Name and Address of Federally Insured Depository - Indicate the name and street address depository, Bank or Savings and Loan Association at which you maintain accounts.
2. List those Persons Authorized to Withdraw Funds from the Special Accounts – Indicate the person(s) name, title and license number (if applicable) who are authorized to withdraw funds from this account.

Part C – AUTHORIZATION TO EXAMINE AND AUDIT

1. Printed Name, License Number and Date – Indicate the printed name of the Managing Auctioneer, their license number and the date on which this form is completed.
2. Signature – The managing auctioneer is to sign and date the consent to examine and audit form.

NOTE. Please read entire instructions before completing the application. Type or print legibly with **black ink** only. Complete only the necessary steps that apply to you. To obtain assistance in completing this application, please call 217-782-3414 or (TDD) 217-524-6644.

Check List

<input type="checkbox"/> Licensure application completed & signed	Total Fee Required Initial Application Licensure Fee \$100 ALL FEES ARE NON REFUNDABLE
<input type="checkbox"/> Consent to Examine and Audit – Completed and signed	
<input type="checkbox"/> Licensure Fee Enclosed	

Mail application with all supporting documentation and fee to:

Illinois Department of Financial and Professional Regulation
Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786



AUCTION FIRM APPLICATION

444

Illinois Department of Financial and Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786
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Important Notice: Completion of this form is necessary to accomplish the requirements outlined in the Auction License Act [Public Act 91-0603]. Disclosure of this information is **REQUIRED**. Failure to comply may result in this application not being processed. This application has been approved by the Agency Forms Coordinator.

Type of Firm: **Partnership** **Corporation** **Limited Liability Company**

PART I:

1. Name of Corporation/Partnership/Limited Liability Company	2. Date of Organization	3. FEIN Number
4. Street Address of Firm (Include P.O. Box if applicable)	5. City, State, Zip Code	6. Firm Telephone Number (____) ____-____
7. Name of Managing Auctioneer of Firm	8. License Number of Managing Auctioneer	9. Managing Auctioneer's Telephone Number (____) ____-____
10. Name of Person Completing Application		

11. List All Officers, Directors, General, Limited or Managing Partners or Members (Attach addendum if necessary)

Name	Illinois Auction License Number (if applicable)	Title (indicate officer, director, gen. , ltd., or managing partner or member)	Address (Street, City, State, Zip Code)

12. List All Person(s) and/or Entities having an Ownership Interest (Attach addendum if necessary)

Name/Entity	Illinois Auction License Number (if applicable)	Percent of Ownership	Address (Street, City, State, Zip Code)

PART II. CERTIFYING STATEMENT - I hereby certify that I personally completed this form, that the information is true and correct, complete, all made for the purpose of securing a license under the Illinois Auction License, and that I am a principal of the above-named company in Illinois. I further certify that each principal not licensed in the State of Illinois is not actively participating in the auction business as defined in the Illinois Auction License Act.

Authorized Signature of Applicant _____ Date _____

Printed Name _____ Title _____



CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS
Illinois Department of Financial and Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786

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This form is required to be completed by all auctioneer and auction firm applicants whether or not you hold special accounts or escrow monies. Please mark the appropriate box. (This form is also to be used in the event your accounts should change.)

- I have one or more special accounts, and authorize a representative of Department of Financial and Professional Regulation to examine those accounts. **(Please complete Parts A , B and C of this form.)**
- I do not accept escrow monies, and do not hold monies belonging to others. Therefore, I do not maintain any special accounts. **(Please complete Part A and C of this form.)**

PART A: AUCTIONEER/AUCTION FIRM INFORMATION

1. Name of Auctioneer or Auction Firm	4. Name of Responsible Person Other Than the Auctioneer
2. Mailing Address (Street, City, State, and Zip Code) P.O. Box if applicable	5. Mailing Address of Responsible Person (Street, City, State and Zip Code) P. O. Box (if applicable)
3. License number (Accounts held under)	6. Social Sec or FEIN Number

PART B: DEPOSITORY AT WHICH SPECIAL ACCOUNT(S) ARE MAINTAINED.

1. Name and Street Address of Federally Insured Depository (Bank or Savings and Loan Association)

- a. Name of Depository _____
 Street Address _____
 City, State, Zip Code _____
- b. Name of Depository _____
 Street Address _____
 City, State, Zip Code _____

2. List Those Persons Authorized to Withdraw Funds from the Above-Named Special Account

Name	Title	License Number (if applicable)

PART C: AUTHORIZATION TO EXAMINE AND AUDIT SPECIAL ACCOUNTS LISTED ABOVE

I hereby authorize the above named-depository to allow, at any time, a duly authorized representative of Illinois Department of Financial and Professional Regulation to examine and audit the above named special account(s). I am one of the individuals listed under Part B (2) above.

Printed Name of Managing Auctioneer	License Number	Date
Signature of Managing Auctioneer	Title	