



AUCTION FIRM REINSTATEMENT
(CORPORATION/PARTNERSHIP/LIMITED LIABILITY COMPANY)

**Illinois Department of Financial and Professional Regulation
Division of Professional Regulation - Auction
320 West Washington Street, 3rd Floor
Springfield, IL 62786
217/782-3414**

Important Notice: Completion of this form is necessary to accomplish the requirements outlined in the Illinois Auction License Act {225 ILCS 407}. Disclosure of this information is **REQUIRED**. Failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

Name of Firm:	License Number:
Mailing Address (Street, City, State, Zip Code)	Telephone Number (_ _) _ _ - _ _ _ _

INSTRUCTIONS

1. Make the check payable to the Illinois Department of Financial and Professional Regulation. **The fee is non-refundable.**
License fee on or before: **09/30/2007 \$250.00**
License fee on or after: **10/01/2007 \$300.00**
2. If a name change or an assumed name change is indicated for a corporation or limited partnership, amended articles must be submitted.
3. If a name change is indicated for a partnership, a notarized statement must be submitted.
4. If you are currently doing business under an assumed name, d/b/a, you must submit a copy of the assumed name certificate.
5. If the firm's managing auctioneer has changed, please complete a 45-Day Permit Sponsor Card indicating the change. This requires a \$25 fee in addition to the reinstatement fee. The managing auctioneer must sign this reinstatement.
6. Complete and submit the Consent to Examine and Audit Special Accounts form.
7. If your license has been expired for more than two (2) years, you cannot renew this license. A new application must be submitted. You may contact this office for the appropriate forms.
8. Send the completed application, fee, and all attachments to the address above. If you have any licensing questions, please contact the Real Estate Licensing Division at 217/782-3414.

Practice after the expiration of this license shall constitute unlicensed practice which may result in civil penalties and discipline of this license.

I hereby certify that each principal or owner associated herewith who is NOT licensed in the State of Illinois does not actively participate in the auction business as defined in Section 10-1 of the Auction License Act.

I further certify that every employee who actively participates as an associate auctioneer or auctioneer for this auction firm holds a valid Illinois associate auctioneer or auctioneer license.

Consent to Examine and Audit Special Accounts - My signature below authorizes a duly authorized representative of the Illinois Department of Financial and Professional Regulation to examine and audit any special accounts held by this auction firm for money belonging to others.

If your firm HAS BEEN DISCIPLINED here or in any other jurisdiction, it MUST be reported to this office if not previously reported. Documentation MUST be submitted with your reinstatement.

I understand that if I provide false/fraudulent information, I could lose my license, be fined or have other penalties assessed. Therefore, I declare that I have examined this form and to the best of my knowledge, all statements are true, correct, and accurate. In addition, my signature authorizes the Illinois Department of Financial and Professional Regulation to conduct criminal background investigations.

Managing Auctioneer Signature _____ Date _____

Printed Name _____ License Number _____

FEIN Number _____