



APPLICATION FOR AUCTION COMPANY LICENSE

State Form 54894 (R / 2-14)

Approved by State Board of Accounts, 2012

INDIANA AUCTIONEER COMMISSION PROFESSIONAL LICENSING AGENCY 402 West Washington Street, Room W072 Indianapolis, IN 46204-2700 Telephone: (317) 234-3009 E-mail: pla9@pla.IN.gov
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INSTRUCTIONS: Please type or print legibly.

* Your Social Security number is being requested by this state agency in accordance with I.C. 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

FOR OFFICE USE ONLY			
DATE FEE PAID (month, day, year)		DATE LICENSE ISSUED (month, day, year)	
RECEIPT NUMBER		LICENSE NUMBER	

DO NOT WRITE ABOVE THIS LINE

Identify whether:

Individual
 Corporation
 Limited Liability Company
 Partnership
 Trust
 Firm
 Association

INFORMATION ABOUT THE BUSINESS	
Name of business	
Address (number and street, city/town, county, state, and ZIP code)	
Mailing address (number and street, city/town, county, state, and ZIP code)	
Telephone number ()	E-mail address

INFORMATION ABOUT THE INDIVIDUAL, MEMBERS, OR OFFICERS		
Name	Title	
Resident address (number and street, city/town, county, state, and ZIP code)	Social Security number *	
Name	Title	
Resident address (number and street, city/town, county, state, and ZIP code)	Social Security number *	
Name	Title	
Resident address (number and street, city/town, county, state, and ZIP code)	Social Security number *	

INFORMATION ABOUT THE LICENSED AUCTIONEER(S) CONDUCTING AUCTIONS	
Name	License number
Resident address (number and street, city, state, and ZIP code)	
Name	License number
Resident address (number and street, city, state, and ZIP code)	

APPLICATION AFFIRMATION	
I affirm, under the penalties of perjury, that the information, statements, and any attachments made in conjunction with this application are true, correct, and complete.	
Signature of applicant	Date (month, day, year)