



BUSINESS LICENSE APPLICATION

AUCTIONS

ANNUAL/NONREFUNDABLE PERMIT FEE: \$135.00

LICENSE # _____

Transfer of Location Fee \$30.00

Transfer of Ownership Fee \$30.00

This application is for an auction business license which provides for an auctioneer to engage in the business of conducting auctions, dutch auctions and auctions wherein the auctioneer shall do any of the following: Call for public bids, progressively decrease the price at which he will sell the merchandise or add additional items to the original items until the auctioneer or salesman is able to receive a bid or offer for the accumulated items. (City Code Title 5; Chapter 5.16; Ordinance #2737)

*Please note - a background check will be conducted by the Police Department of each applicant, partner, corporate officer and limited liability company officer

ATTACH THE FOLLOWING:

- _____ Surety Bond posted in amount of \$1,000.00 or in lieu of a bond a Liability Insurance Policy issued by an insurance company authorized to do business in the State of Wyoming.
- _____ List names, residence addresses, telephone numbers, driver's license number and state of issuance of individuals who will be conducting auctioneering services under the business license.

BUSINESS NAME: _____

BUSINESS ADDRESS/CITY/STATE/ZIP: _____

ZONE: _____

MAILING ADDRESS (if different from above): _____

BUSINESS TELEPHONE #: _____

PROPOSED BUSINESS WILL BE CONDUCTED AS:

- INDIVIDUAL LIMITED LIABILITY COMPANY PARTNERSHIP CORPORATION

Fill out the appropriate information for your type of business:

INDIVIDUAL:

NAME: _____

ALIAS NAMES: _____

RESIDENCE ADDRESS: _____ PHONE: _____

PARTNERSHIP:

NAME OF PARTNERSHIP: _____

PARTNERSHIP ADDRESS: _____

PROVIDE THE FOLLOWING INFORMATION PER PARTNER (use back of page if necessary):

NAME: _____

RESIDENCE ADDRESS: _____ PHONE: _____

CORPORATION:

NAME OF CORPORATION: _____

CORPORATION ADDRESS: _____

IS CORPORATION QUALIFIED TO DO BUSINESS IN WYOMING? YES NO

DATE OF INCORPORATION: _____

PROVIDE THE FOLLOWING INFORMATION FOR EACH CORPORATE OFFICER: (use back of page if necessary)

NAME: _____

RESIDENCE ADDRESS: _____ PHONE: _____

LIMITED LIABILITY COMPANY:

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

IS COMPANY QUALIFIED TO DO BUSINESS IN WYOMING? YES NO

DATE OF FILING WITH SECRETARY OF STATE'S OFFICE: _____

PROVIDE THE FOLLOWING INFORMATION FOR EACH LIMITED LIABILITY OFFICER: (use back of page if necessary)

NAME: _____

RESIDENCE ADDRESS: _____ PHONE: _____

PLEASE LIST THE FOLLOWING INFORMATION FOR POLICE DEPARTMENT REPORT:

NOTE: Individuals providing auctioneering services under any business license issued must be approved by the Chief of Police in accordance with procedures for an applicant investigation.

Current driver's license number and state of issuance (or photocopy of license) for each applicant, partner, officer, corporate or LLC officer: _____

Does applicant(s) currently have a valid Auctioneer License? _____ If yes, what City/State is the license issued?

_____ When was the license issued? _____

Has any State, Municipality or licensing authority ever refused to issue or renew applicant's request for license? _____

If yes, provide date(s), location(s) and reason(s): _____

Has applicant(s), including any officer or partner ever been convicted of a crime other than a misdemeanor traffic offense?

_____ If yes, provide date(s), location(s), nature of offense(s) and the penalty(ies) assessed: _____

AFFIDAVIT/AUTHORIZATION

The undersigned applicant hereby authorizes the City of Cheyenne and its agents and employees to seek information and conduct investigations into the truth of the foregoing statements as set forth in this application, and agrees to comply fully with the rules and regulations of the City of Cheyenne, Wyoming, governing the license requested, and further declares that the foregoing information contained in this application is true and correct.

Applicant Signature

Date

APPROVALS:

The City Clerk will provide written approval only after all other approvals have been obtained. The City Clerk's staff will acquire these approvals for applicants.

Zoning Department: _____
(2101 O'Neil Ave., Room 202/637-6282)

Police Department: _____
(415 W. 18th St., 637-6535)

Risk Manager: _____
(2101 O'Neil Ave., Room 304/637-6335)

City Clerk: _____
(2101 O'Neil Ave., Room 101/638-4301)

FOR USE BY CITY CLERK'S OFFICE:

BY: _____

M/R # _____ **FEE PAID \$** _____ **DATE PAID:** _____ **DATE ISSUED:** _____

COMMENTS: _____
