



AUCTIONEER SUPPLEMENT APPLICATION FOR BUSINESS APPLICANTS

- 1. Applicant Name: (List corporate name, LLC, partnership name, or association name)
2. List names and license numbers of all members...
3. State of incorporation or registration: (if other than Ohio submit "Consent to Service of Process" form) Business Federal Employer Tax No.:
4. In accordance with Sections 1701.07 of the Ohio Revised Code, list statutory agent in this state.
5. Ohio licensed auctioneer responsible for ensuring that the applicant named in Part 1 is in compliance with the Ohio Auctioneer Act:
a. Name:
b. Home Address:
c. County of Residence:
d. Day Phone: Evening Phone:
e. Ohio License Number:
6. Applicant shall include with this application proof of its legal existence...

AFFIDAVIT

State of
County of

First being duly cautioned and sworn, states: I am making application to the Ohio Department of Agriculture on behalf of Applicant named in Part 1 for a license to conduct a business which is governed by the provisions of the Ohio Auctioneer Act. I swear or affirm that I have read and am thoroughly familiar with the provision of the

act, and agree to fully comply with it. All of the information given in the application, supplement application and any other forms of proof submitted are true to the best of my knowledge and belief. I have authority to bind the Applicant and act on its behalf.

Printed Name of Applicant or Agent

Signature of Applicant or Agent

Subscribed and sworn to before me this _____ day of _____, 20____.

(Signature of Notary) My commission expires: _____

State of _____
County of _____

_____, being first duly cautioned and sworn, states: I am an agent for the applicant named in Part 1. The Applicant has granted me sufficient authority as its agent to enable me to fulfill the responsibilities of an auctioneer as provided in Revised Code Chapter 4707. I agree to be named as the Ohio licensed auctioneer responsible for ensuring that the Applicant is in compliance with the Ohio Auctioneer Act.

Printed Name of Qualifying Agent

Signature of Qualifying Agent

Subscribed and sworn to before me this _____ day of _____, 20____.

(Signature of Notary) My commission expires: _____