

As a result of Governor Ron DeSantis signing HB 1091 into law, initial licensure fees are reduced by 50% for Fiscal Years 2023/2024 and 2024/2025.

The total amount to be submitted for this application has been reduced from \$205 to \$130.

Please submit payment in the amount of \$130 with this application.

State of Florida
Department of Business and Professional Regulation
Board of Auctioneers
Application for Auction Business Licensure
Form # DBPR AU-4155

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing. Always keep a copy of your application and any supporting documents submitted to the Department.

TRANSACTION	APPLICATION REQUIREMENTS
Licensure for Auction Business	<input type="checkbox"/> Pay \$205 fee (make check payable to the Department of Business and Professional Regulation) <input type="checkbox"/> Complete application <input type="checkbox"/> Supply documentation as requested in background questions (if applicable)

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

General Information:

Only one business owner should be listed under the Contact Information for the auction business license. The owner listed will be responsible for all Department inquiries. This owner should also be the individual who signs the affirmation statement at the end of the application. Pursuant to §468.382, Florida Statutes, in order for your auction business to be granted licensure, it must be registered with the Florida Department of State as either a sole proprietorship, partnership, or corporation.

Application Instructions

- a. **Section I**
 - i. Check application type.
- b. **Section II**
 - i. Fill out each section completely.
 - ii. Applicants must furnish their current mailing address.
 - iii. **The “Doing Business As (D/B/A)” Name will be the actual name of the business reflected on the license.**
 - iv. The Contact Information should be the owner who is responsible for the auction business license and appropriate contact information for that individual. The owner listed in this section should also be the individual who signs the affirmation statement at the end of the application.
- c. **Section III**
 - i. Business ownership: Provide the name, Social Security number, address, and the percentage of ownership for all persons holding greater than or equal to a ten percent ownership interest in the business. [Fla. Stat. § 559.79](#).
 - ii. The names of the business and business owner must match the information on file with the Florida Department of State.
- d. **Section IV**
 - i. Question 1:
 - (1) If you answer “yes” to this question, you must complete Section V of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
 - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.

- ii. Question 2:
 - (1) If you answer “yes” to this question, you must complete Section V of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- e. **Section V**
 - i. Must be completed if answered “yes” to any of the background questions in Section IV. You must also provide the required supporting documentation per each offense and / or question that you answered “yes” to.
 - ii. Each explanation can only relate to one person and one question.
 - iii. Each offense should be listed. Please use additional paper if necessary.
- f. **Section VI**
 - i. Please read and sign the affirmation by written declaration.
 - ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.
 - iii. This section should be signed by the owner responsible for handling Department inquiries.

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If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.
For additional information see the Instructions at the beginning of this application.

Section I – Application Type

CHECK APPLICATION TYPE
<input type="checkbox"/> Licensure as Auction Business [4803/1030]

Section II – Business Information

BUSINESS INFORMATION			
Federal Employer ID Number/Social Security Number*			
Organization/Applicant Name			
Doing Business As (D/B/A) Name			
Business Type (Select ONE only) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation or LLC <input type="checkbox"/> Partnership			
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
CONTACT INFORMATION OF OWNER			
Name			
Primary Phone Number		Primary E-Mail Address	
Alternate Phone Number		Fax Number	
BUSINESS LOCATION ADDRESS			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



Section III – Business Owner Information

BUSINESS OWNERSHIP			
Please list all persons with ownership greater than or equal to 10 percent.			
Name	Social Security Number*	Address	Percent Ownership
1.			
2.			
3.			
4.			
5.			

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section IV-Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has any business owner ever been convicted or found guilty of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has any business owner ever had any license, registration, or permit to practice any regulated profession, occupation, vocation, or business, revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

Section V- Explanations for Background Questions

EXPLANATION		
Name this explanation relates to:		This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2
If Question 1. Offense:		
If Question 2. License Type:		
County:	State:	Date of Occurrence (mm/dd/yyyy):
Penalty/ Disposition/Outcome:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

Section V - Explanations for Background Questions - continued

EXPLANATION		
Name this explanation relates to:	This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2	
If Question 1. Offense:		
If Question 2. License Type:		
County:	State:	Date of Occurrence (mm/dd/yyyy):
Penalty/ Disposition/Outcome:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

EXPLANATION		
Name this explanation relates to:	This explanation relates to question # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2	
If Question 1. Offense:		
If Question 2. License Type:		
County:	State:	Date of Occurrence (mm/dd/yyyy):
Penalty/ Disposition/Outcome:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

Section VI– Affirmation By Written Declaration**AFFIRMATION BY WRITTEN DECLARATION**

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Signature:

Date:

Print Name: