



South Carolina Auctioneers' Commission

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4670 • Contact.Auctioneers@llr.sc.gov • Fax: 803-896-4554

llr.sc.gov/auc

APPLICATION FOR AUCTION FIRM LICENSE

INCLUDE WITH YOUR APPLICATION:

- Check or money order in the amount of \$400 (\$300 license fee, \$100 recovery fund fee) made payable to LLR – Auctioneers Commission. ALL FEES ARE NON-REFUNDABLE. NO CASH IS ACCEPTED. A return check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
Notarized escrow/trust account certification affidavit.
Designation of Agent for the Service of Process, if out-of-state.
Application must include a 2" x 2" color photo taken within the past six months.
If the firm's form of business is other than a sole proprietorship or partnership, proof of authorization from the SC Secretary of State's Office to transact business in this state.
If the Applicant is not licensed as an auctioneer in this state, the Applicant must pass an exam required by the Commission.
Written proof that the Applicant identified below is an owner and/or manager and has the authority to make decisions for the firm.

Table with 2 columns: FEES, DEPOSIT. Rows include \$300 License Fee, \$100 Recovery Fee, License Issued.

APPLICANT INFORMATION

Firm Name: Federal ID No.:
Physical Address: (Street, City, State, Zip, County)
Mailing Address: (Street, City, State, Zip, County)
Phone: Email:

BUSINESS INFORMATION

Type of Business Entity: (Check type)
Partnership Corporation LLC Other: (Specify)
Applicant Name: (Choose one) Owner Manager Owner and Manager
Are you a licensed SC Auctioneer? Yes No
If Yes: SC License Number:
If No: The board will send you instructions to take an online exam.

Contact information for the Applicant who is the owner or manager of the Auction Firm:

Physical Address: (Street, City, State, Zip)
Mailing Address: (Street, City, State, Zip)
Phone: Email:

If the Applicant is not a licensed auctioneer who is an owner or manager with authority to make decisions for the firm, give name and license number of proposed licensed auctioneer who will be used to conduct the auctions for the auction firm.

Name of Auctioneer: License No.:

DISCIPLINARY QUESTIONS

Answer all questions below. A written statement and copy of appropriate licensing board or commission order must be included for any affirmative answers regarding disciplinary issues.

- 1. Has any state taken disciplinary action against the firm’s license or the licensed applicant? Yes No
 - 2. Has your firm or the Applicant surrendered or allowed a professional or occupational registration/license to lapse in any jurisdiction due to any pending or threatened disciplinary action? Yes No
 - 3. Has your firm or the applicant been found by a court or registration board to have violated the auctioneering laws or the professional/occupational laws of any jurisdiction? Yes No
 - 4. Has this organization offered auction services under any other business name? Yes No
- If Yes,** please provide the information below.

Former Name: _____

License No.: _____

- 5. Have you read and understood the South Carolina Auctioneers’ licensing law and the Rules and Regulations of the Commission? Yes No

AUTHORITY TO MAKE BUSINESS DECISIONS

I, _____, am the owner and/or representative of
(owner or representative)

_____, and give
(name of auction firm)

_____ the authority to make decisions affecting the manner in
(manager or applicant)

which the firm does business.

Signature of Owner or Representative

Date

AFFIDAVIT

I, _____, am the person described and identified, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of the auction firm license in South Carolina.

Signature of Applicant

Date

Sworn and subscribed before me this ____ day of _____, 20____.

Notary Signature: _____ (SEAL)

Print Notary Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____

Attach a recent full-face 2” x 2” color photo
No copies
Sign and date photo
Do not staple



South Carolina Department of Labor, Licensing and Regulation

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Escrow Account Verification for Auctioneers

Pursuant to **S.C. Code, Section 40-6-300**, a licensee must maintain and deposit funds in a trust/escrow account with an insured bank or savings and loan association if auction proceeds are held by the licensee more than three (3) business days. The Commission or its designated representative may examine the account for investigation or inspection purposes. Licensees must notify the Commission immediately by certified mail, return receipt requested, of any account changes. The following authorization and account information is required for licensure and renewal purposes. Complete the appropriate sections below which apply to your business policy.

This form must be properly notarized and sealed.

To be exempt from the escrow account requirement, I hereby certify that auction proceeds are paid to owners/consignors within three (3) business days.

Applicant or Licensee Signature: _____ License No. _____
(If applicant, indicate "pending")

I authorize the Auctioneers' Commission or its designated representative to examine any information regarding the escrow account herein indicated.

Applicant or Licensee Signature: _____ License No. _____
(If applicant, indicate "pending")

Account Holder's Name: _____ Account No. _____

Bank Name: _____ Bank Phone: _____

Bank Address: _____

I hereby certify I am employed by another licensed auctioneer, licensed auction firm, real estate broker-in-charge, or real estate firm that maintains an active escrow account used solely for the purpose of holding funds of others in relation to auctions.

Account Holder's Name: _____ Account No. _____

Bank Name: _____ Bank Phone: _____

Bank Address: _____

Applicant or Licensee Signature: _____ License No. _____
(If applicant, indicate "pending")

Principal Employer Signature: _____ License No. _____
(If applicant, indicate "pending")

Sworn to and subscribed me this _____ day of _____, 20_____.

Notary Signature: _____ (SEAL)

Notary Print Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____



South Carolina Department of Labor, Licensing and Regulation

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*****FOR NON-RESIDENT APPLICANTS ONLY*****

DESIGNATION OF AGENT FOR THE SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, _____
(Type or print licensee's name)

being an applicant for licensure as a non-resident auctioneer or apprentice auctioneer of the State of South Carolina, does hereby irrevocably designate and appoint the Administrator, South Carolina Department of Labor, Licensing and Regulation Auctioneers' Commission, State of South Carolina, as his (her, its) agent for the purpose of accepting service of any and all processes issued by any court located within the State of South Carolina, as well as service of all pleadings and other papers, relating in any way to any action, suit or legal proceeding arising out of or pertaining to his (her, its) duties or responsibilities as an auctioneer or apprentice auctioneer in the State of South Carolina. The undersigned further consents, stipulates and agrees that any lawful process served upon the aforesaid agent shall have the same legal force and validity as if served upon the undersigned personally within the State of South Carolina and that the authority contained herein shall continue in force and effect so long as any liability against the undersigned remains outstanding in the State of South Carolina.

Signature of Applicant: _____ Date: _____

Applicant's Signature: _____ Date: _____

Sworn to and subscribed me this _____ day of _____, 20_____.

Notary Signature: _____ (SEAL)

Notary Print Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____