



AUCTION FIRM APPLICATION FORM

PLEASE REFER TO INSTRUCTIONS BEFORE COMPLETING APPLICATION

- 1. Applicant Name: (If Corporation, use corporation name)
2. DBA (Doing Business As): Second DBA (if applicable): For each DBA or fictitious name listed, submit a copy of the fictitious/trade name certificate issued by the Ohio Secretary of State
3. Address: City/State/Zip: County: Telephone:
4. Has any license held by applicant or any member of your partnership, corporation, or association for any business or profession in this or any other state, district or possession, been disciplined, suspended, revoked, or been denied upon initial application or renewal? YES NO If yes, attach a statement giving details
5. Are there any pending disciplinary actions against the applicant or any member of your partnership, corporation, or association for any business or profession in this or any other state, district or possession? YES NO If yes, attach a statement giving details
6. Are there any unsatisfied judgments against you? YES NO If yes, attach a statement giving details
7. Have you are any other partner, associate, or officer ever been convicted of any criminal offense, or is there any criminal charge now pending against you or any member of your partnership, corporation or association, in any court? YES NO If yes, attach a statement giving details
8. Name of bank or savings association where applicant has trust account for the auction business: Address: City/State/Zip: Trust Account No.:
9. Are you a: (check one): Sole proprietorship Corporation/LLC Partnership Association
10. List names and addresses of all members (in the case of partnership or association) or the board of directors (in the case of corporation) of the organization. Use supplemental sheets, if necessary.
11. State of incorporation or registration: (if other than Ohio submit "Consent to Service of Jurisdiction" form) Business Federal Employer Tax No.:
12. In accordance with Sections 1701.07 of the Ohio Revised Code, list statutory agent in this state.

Payment Type:

DO NOT SEND CASH

___ Check/Money Order make payable to "Treasurer, State of Ohio" or by

___ Credit Card (check one): Master Card Visa Discover Total Amount to be charged: \$_____.00

Credit Card # _____ Exp. Date: _____ CV2: _____

Name on Card: _____

Cardholder's Signature Authorization: _____