

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## **DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING** **INFORMATION FOR COMPLETING AUCTION COMPANY APPLICATION**

Any changes to the information provided on this application during the period of registration must be reported in writing within 30-days of the effective date. Include the company registration number in all correspondence.

### **AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

#### **For Initial Licensure or Reinstatement:**

1. **Application for Auction Company Registration (Form #2076)**
2. **Credential Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Registration with the Department of Financial Institutions** – Contact the Wisconsin Department of Financial Institutions at DFI at 608-261-7577 or at [www.wdfi.org/corporations](http://www.wdfi.org/corporations) to confirm your status or obtain additional information.
4. **Seller's Sales Tax Permit** – Select status on page 1 and submit applicable documentation. Contact the Wisconsin Department of Revenue at (608) 266-2776 or <https://www.revenue.wi.gov/faqs/pcs/seller.html> to confirm your status or obtain additional information.
5. **Consent to Examine and Audit Auctioneer Trust Account (Form #2080)** – An Auctioneer or Auction Company shall maintain a trust account when the registrant receives and holds auction funds which are not disbursed to the owner or consigner under a written contract under Wis. Stats. § 480.14 within 24 hours after the auction.

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING APPLICATION FOR AUCTION COMPANY REGISTRATION

**Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).**

**PLEASE TYPE OR PRINT IN INK**       Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

**Applicant is:**       Partnership       Individual who operates an Auction Company but is not required to register as an Auctioneer  
                           Association       Corporation formed under the laws in the state of

<b>Auction Company Name</b> <input style="width: 95%;" type="text"/>	<b>Business FEIN#</b> <input style="width: 95%;" type="text"/>
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<b>Trade Name or D/B/A (if applicable)</b> <input style="width: 95%;" type="text"/>	<b>Daytime Telephone Number</b> <input style="width: 95%;" type="text"/>
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**Auction Company Main Office Address (street, city, state, zip)**

**Email Address**

**Has the company ever been licensed in Wisconsin as an Auction Company?**       Yes       No      If yes, list your credential number:

**List name and title of all officers, partners or directors of the Auction Company:** (attach additional sheet(s) if necessary)

<b>Name</b> <input style="width: 95%;" type="text"/>	<b>Title</b> <input style="width: 95%;" type="text"/>
<b>Name</b> <input style="width: 95%;" type="text"/>	<b>Title</b> <input style="width: 95%;" type="text"/>
<b>Name</b> <input style="width: 95%;" type="text"/>	<b>Title</b> <input style="width: 95%;" type="text"/>

**Seller's Sales Tax Permit: (check one)**

Submitting a current copy of a Wisconsin Seller's Permit issued by the Department of Revenue.

Submitting a letter from the Department of Revenue stating that the applicant is not required to obtain a Seller's Permit.

Seller's Permit or a letter from the Department of Revenue has not been obtained because applicant has read and understands Wis. Admin. Code § TAX 11.50 and concludes that all auctions are exempt occasional sales. Therefore, the applicant is not required to obtain a Seller's Permit.

**APPLICATION FEES:** Please check applicable box. Make check payable to DSPS and attach to this application.

- Initial Credential Fee**  
\$75.00 Total Fee Attached
- Reinstatement Credential Fee** (for a credential expired more than five (5) years)  
 \$170.00 Renewal Fee  
 \$ 25.00 Late Renewal Fee  
**\$195.00 Total Fee Attached**

**For Receipting Use Only (53)**

# Wisconsin Department of Safety and Professional Services

Most types of business entities (including those formed under the laws of another state or country) must file documents with the Wisconsin Department of Financial Institutions (DFI). To confirm your status, you must first contact DFI at 608-261-7577 or at [www.wdfi.org/corporations](http://www.wdfi.org/corporations), then **check one** of the statements below:

- The Business Entity identified above is required by law to file documents with the Department of Financial Institutions in order to engage in business in Wisconsin and I certify that the documents have been filed, as required, and that the Business Entity has met current legal requirements to engage in business in Wisconsin, and has completed the Convictions and Pending Charges (**Form #2252**), if applicable
- The Business Entity identified above **has not filed documents**, as described above, with another Wisconsin agency, because the Business Entity is not required to do so.

**ANSWER THE FOLLOWING QUESTIONS** (attach additional sheet(s) if necessary)

1.	Has the company or any of its officers, partners or directors ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against the company or any of its officers, partners or directors including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against the company or any of its officers, partners or directors in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has the company or any of its officers, partners or directors ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or does the company or any of its officers, partners or directors have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. <b>If yes, submit Convictions and Pending Charges (Form #2252).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is the company or any of its officers, partners or directors incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	
6.	Is the company or any of its officers, partners or directors registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has the company or any of its officers, partners or directors ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CONTINUING DUTY OF DISCLOSURE**

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

**AFFIDAVIT OF APPLICANT**

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

**Name of Individual Owner, Office, Partner or Director**

**Title**

**Signature of Individual Owner, Office, Partner or Director**

**Date**

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