# AUCTIONEER'S LICENSE APPLICATION

CITY OF FARMINGTON HILLS
31555 ELEVEN MILE ROAD
FARMINGTON HILLS MI 48336
(248) 871-2410
Fax (248) 871-2411

**APPLICATION FEE: $50.00 (non-refundable)**

Name_____

Address_____

City _____ State_____ Zip Code _____

Phone Number _____ Date of Birth: _____

Driver's License No: _____

Is Applicant Self-Employed Yes ☐ _____ No ☐ _____

If yes, Name of Business: _____

Business Address: _____

City _____ State_____ Zip Code _____

Phone Number _____

If employed by others on a continual basis:

Name of
Business_____

City _____ State_____ Zip Code _____

Phone Number _____

Name and Address where the auction will be conducted: Name: _____

_____
(Street) (City) (State)

Type of
Auction_____

Summary of Items to be
auctioned_____

Date of Auction: From_____ To_____

Does Applicant have County License? Yes ☐ _____ No ☐ _____

Please Provide Name and Phone number of Bonding Agent:

_____
(Name) (Phone Number)

Please provide written evidence of reputation as to honesty, fair dealing and good moral character (please attach)

**Please note that applicants must contact the Zoning Division (248) 871-2520 for review and approval of any and all signage, banners, balloons, etc. proposed for an auction prior to issuance of a permit.**

I, the aforementioned applicant, swear that all statements in this application are true to the best of my knowledge and that I understand the provisions of the applicable ordinances and will endeavor to adhere to these provisions.

_____
APPLICANT'S SIGNATURE

_____
Please Print Name

_____
DATE

STATE OF _____)
) SS
COUNTY OF _____)

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

_____
Notary Public

_____
County

_____
Commission Expires

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**For City Use Only**

Date all items check and approved:

- ❑ Auctioneer Application: _____
- ❑ Auction Application: _____
- ❑ Fees: _____ Amount: _____
- ❑ Bond: _____
- ❑ Evidence of Reputation: _____
- ❑ Date Police Department Approval Received: _____

Date Permit Issued: _____ Duration of Permit: _____