CITY OF SAULT STE. MARIE, MICHIGAN

AUCTIONEER LICENSE APPLICATION

1. **Person(s) in charge and responsible for conduct of auction:**

   First Name: _____ Middle: _____ Last: _____
   Permanent Address: _____ Phone: _____
   City/State/Zip: _____
   Local Address: _____ Phone: _____
   City/State/Zip: _____

2. **If person listed above is acting as an agent or representative for a larger company/organization, please provide company/organization name, address and phone:** _____

   _____

3. **Description of goods to be auction:** _____

4. **Location of auctioned:** _____

5. **Auction date(s):** _____

6. **Bond Furnished:** _____

I hereby declare the foregoing information to be true and correct to the best of my knowledge and agree that the license which may be issued as herein applied for is not assignable and to the powers of revocation and suspension as contained in the Code of the City of Sault Ste. Marie, Michigan.

Signature of applicant: _____ **D ate**: _____

Approved by:

_____ _____

City Commission **Date** **City Clerk** **Date**

License Fees:
Annual $55 Amount Paid: _____ Receipt Number: _____ License # _____

Check List:
Application
License Fee
$1000 Surety Bond