



**TOWN OF FREETOWN
BOARD OF SELECTMEN**

3 North Main Street
Freetown, MA 02702

Tel: (508) 644-2201
Fax: (508) 644-3342

www.Town.Freetown.MA.US

APPLICATION FOR AUCTION PERMIT

Name of Applicant: _____ Phone No.: _____

Legal Residence: _____

Mailing Address: _____

Name of Auctioneer: _____

Address of Auctioneer: _____

License Number: _____ Expiration date: _____

Address of Auction: _____

Type: Annual or Special

Date(s) of Auction (Not to exceed 10 days for Special Permit): _____

Hours Auction to be conducted: Begin: _____ End: _____

Will food/beverages be served? No or Yes . If yes, Board of Health Permit required

General Description of Goods to be auctioned: _____

Estimated value of goods to be auctioned: _____

The applicant certifies that all state tax returns have been filed and all state and local taxes have been paid as required by law and further agrees to comply with the terms of the Permit and applicable law, and all rules and regulations promulgated thereto. The Applicant further certifies that the information contained in this application is true and accurate and also authorizes the Permitting Authority or its agents to conduct whatever investigation is necessary to verify the information contained in this application.

Signature of Applicant

Date

Permit Fee must be submitted with this form. Make check payable to *Town of Freetown*. Mail Application Form and check to: *Board of Selectmen, P.O. Box 438, 3North Main Street, Assonet, MA 02702*. Attach a copy of State Auctioneer's License to this Application.
