



**TOWN OF FREETOWN
BOARD OF SELECTMEN**
3 North Main Street
PO Box 438
Assonet, MA 02702

Phone: 508-644-2202 x1101

Fee: _____
Paid: _____
Cash / Check: _____

APPLICATION FOR AUCTIONEER'S PERMIT
PLEASE PRINT OR TYPE

Name of Applicant: _____ Phone Number: _____

Legal Residence: _____

Mailing Address: _____

Name of Auctioneer: _____

License Number: _____ Expiration Date: _____

Address of Auction: _____

Type (Check One): Annual (\$25 fee) _____ Special (\$15 fee) _____

Date of Auction: _____

Note: Not to exceed 10 days for a special permit.

Hours Auction to be conducted: _____

Will food/beverages be served? (Check One) Yes _____ No _____

Note: Separate Board of Health Permit required to serve food/beverage.

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 the address above. Please attach a copy of State Auctioneer's License to this application.