



Robert Walsh
Acting Building
Official

City of New Haven Permit & License Center

200 Orange Street, Room 501
New Haven, Connecticut 06510



Justin Elicker
Mayor

BUSINESS LICENSE APPLICATION

License Type: **AUCTIONEER**

Date Application Submitted: _____ Applying as: Individual Manager Owner Partnership

License Is Hereby Granted To: _____
(Individual Name)

List the Date(s) requested: (Monday)_____ (Tuesday)_____ (Wednesday)_____

(Thursday)_____ (Friday)_____ (Saturday)_____

(Sunday)_____

The proposed location(s) of the Auction: _____

Description of merchandise or services to be sold: _____

I, hereby agree to abide by all of the rules and regulations pertaining to AUCTIONEER as defined by the City of New Haven General Code of Ordinances and Connecticut General Statutes.

Applicant Name: _____
(Last) (First) (Middle)

Applicant Address: _____
(Street #) (Street name) (City) (State) (Zip)

Home Phone: _____ Mobile Phone: _____ Email: _____

Valid Photo ID# _____ Issuing State: _____

Other Issued ID _____

Once issued a business license is not transferable, no refund will be issued, and is subject to the provisions of the City of New Haven General Code of Ordinances and Connecticut General Statutes applicable to the activity for which the license is granted.

By signing this application the Applicant is authorizing the City of New Haven to complete a background check on individuals, partners or officers of the entity to which the business license is issued. The Applicant further certifies that a copy of the City of New Haven Ordinance Rules & Regulations governing this business license has been received.

Signature: _____

Date Signed: _____



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REQUEST FOR CRIMINAL RECORD CHECK

New Applicant **Renewal Applicant**

Last Name

First Name

Middle

Date of Birth

Social Security Number

Address

City

State

Zip Code

Gender:

Race:

Male Female Black White Hispanic Asian Other: _____
(Please Specify)

Court Case(s) Pending: Yes No Recently Disposed of on _____
(Date)

Signature Required: _____ **Date:** _____

FOR OFFICE USE ONLY – License Type

Amusement:

___ Coin Operated Device(s)/Machine(s) ___ Bowling Alley ___ Distributor/Operator
___ Game Room(s) ___ Pool Table(s) ___ Street Performance

Broker:

___ Antiques ___ Junk Yard ___ Pawn ___ Scrap Metal ___ Precious Metal ___ Second Hand
___ Swap Shop

Parking Lot/Garage:

___ Parking Lot ___ Garage

Sales:

___ Close Out ___ Door to Door ___ Tag Sale

___ Auctioneer ___ Managing Itinerant Vendor ___ Outdoor Seating ___ Rooming House
___ Vendor (Food) ___ Vendor (Peddler/Hawker)



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CERTIFICATION ACKNOWLEDGMENT

I hereby certify that I have read the **Ordinances** and/or **Rules/Regulations** which pertain to **Auction Permit and Auctioneer License** operations for the City of New Haven. I understand that I must comply with these **Ordinances** and/or **Rules/Regulations** at all times or be subject to enforcement actions by the City of New Haven.

I fully understand that if the **Auction & Auctioneer** application is denied by the City of New Haven, I will be entitled to a full refund. However, I further understand that if I withdraw the application for any other reason, there will be a fifty dollar (\$50.00) administrative processing fee withheld from payment reimbursement. Once issued a permit or license is non-refundable and non-transferable.

NAME (Please print your name. This permit/license is hereby granted to)

YOUR SIGNATURE

BUSINESS NAME OF PERMIT/LICENSE

DATE