

DONALD X. CLAVIN JR.
Supervisor



Office Use Only

APP. #	_____
FEE PAID	_____
DATE	_____ 20____
LICENSE #	_____
ISSUED	_____

OFFICE OF THE TOWN CLERK
KATE MURRAY
Town Clerk

One Washington Street Hempstead, NY 11550
Tel: (516) 812-3025 email: licensing@tohmail.org

FIRST TIME **RENEWAL**

AUCTIONEER

Name:		Phone # () -	
Address:		Email Address:	
Name of employer:		Phone # () -	
Address of employer:			
Date of birth: / /		Age:	Place of birth:
Race:			
Height:	Weight:	Eye color:	Hair color:
Complexion:			
Are you a citizen? YES <input type="radio"/> NO <input type="radio"/>		Native born or naturalized:	If naturalized when?
Have you ever had an auctioneer's license with any other authority? YES <input type="radio"/> NO <input type="radio"/>			
If YES please give details:			
Were you ever convicted of any crime or offense other than traffic infractions? YES <input type="radio"/> NO <input type="radio"/>			
Where	Crime or offense	Penalty imposed	Remarks

In consideration of being granted the license or permit hereby applied for, I agree to comply with all the rules and regulations that are now in force or that may be promulgated. I further agree to notify the Office of the Town Clerk immediately of any change of employment or change of residence.

Sworn to before me this _____

Day of _____ 20 _____

Signature of Applicant

NOTARY PUBLIC