

DONALD X. CLAVIN JR.
Supervisor



Office Use Only

LICENSE # _____
FEE PAID _____
DATE _____

OFFICE OF THE TOWN CLERK
KATE MURRAY
Town Clerk

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

AUCTION SALES

Name:
D.B.A:
Address:
Phone #:
Email address:
Date auction is to be held:
End date: Total number of days:
Type of merchandise to be auctioned:
T.O.H. auctioneer License #:

Sworn to before me this _____

Day of _____ 20____

NOTARY PUBLIC

Signature of Applicant