JOHN FERRETTI
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@hempsteadny.gov

☐ 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 ◯ NO ◯		Native born or naturalized:			If naturalized when?
Have you ever had an auctioneer's license with any other authority ? YES ◯ NO ◯					
If **YES** please give details:					

Were you ever convicted of any crime or offense other than traffic infractions? YES ◯ NO ◯

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.

_____
Signature of Applicant

Sworn to before me this _____

Day of _____ *20* ____

_____
NOTARY PUBLIC