

Business Services
Office location - 7447 E. Indian School Road, #110
Scottsdale, AZ 85251
Telephone - (480) 312-2400
Web - www.ScottsdaleAZ.gov/licenses



SUPPLEMENTAL APPLICATION
AUCTIONEER/AUCTION HOUSE

<input type="checkbox"/> Auction House Fee \$ _____ per year
<input type="checkbox"/> Auctioneer Fee \$ _____ per year
<input type="checkbox"/> Records Check Fee \$ _____ per person x _____ people + Fee Due _____

Auctioneer License Number _____ Privilege Tax Permit Number _____
Name _____ Social Security # _____
Address _____ Date of Birth _____
City, State, Zip _____ Telephone _____

Will conduct auction at::

(Business Name of establishment where auction/s are to be held)

(Location of establishment)

(City, State, Zip)

Auction will be conducted on the following date(s): _____
Name(s) of owner(s), partner(s), officer(s), employee(s), and date(s) of birth:

FIRST NAME	MIDDLE NAME	LAST NAME	TITLE	DATE OF BIRTH
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Type of Merchandise to be Auctioned: _____
The following company/individual is responsible for the payment of sales tax as a result of this sale:

(Individual/Business Name)

(Mailing Address)

(City, State, Zip)

I hereby certify that the statements made herein have been examined by me and they are to the best of my knowledge and belief, true and complete. I understand that the fee is non-refundable and the permit issued is non-transferable.

_____ Date _____ Application Signature _____



**ACKNOWLEDGMENT of UNDERSTANDING
REGULATORY LICENSES**

For licenses requiring Fingerprinting and subsequent background check

License Application # _____

DATE: _____

Business Name _____

On behalf of the above referenced license, I understand and agree to communicate to all parties that this application is subject to an approval process that can take up to 90 days.

I understand and agree to communicate to all parties that the business cannot operate until approval notice is received.

Representative / Applicant Name: _____

Representative / Applicant Title: _____

Signature: _____

CSR Initials _____