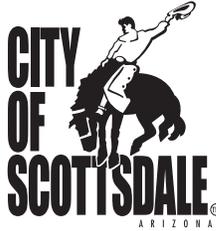


Customer Service Division
 Office location - 7447 E. Indian School Road, #110
 Scottsdale, AZ 85251
 Telephone - (480) 312-2400
 Web - www.ScottsdaleAZ.gov/licenses



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 auctions at:

 (Business Name of establishment where auction 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

 Applicant Signature