

BOROUGH OF FREEHOLD
APPLICATION FOR AUCTION LICENSE

NAME OF APPLICANT: _____

ADDRESS: _____

TYPE OF ITEMS TO BE AUCTIONED: _____

(a) Address of premises where license will be located: _____

(b) Date of Event: _____

(c) Time of Event: _____

(d) Name and address of owner of premises where license will be located:

(e) Type of Insurance coverage – Certificate of Insurance must be submitted with Application.

NAME OF AUCTIONEER: _____

ADDRESS OF AUCTIONEER: _____

FEE ACCOMPANYING THIS APPLICATION - **\$25.00**

Applicant will accept license subject to all conditions set forth in any ordinance or resolution heretofore adopted by the Mayor and Council of the Borough of Freehold, pertaining to the nature of this license, which said ordinance or resolution is made a part hereof.

Date: _____ Applicant's Signature: _____