



**TOWN OF SUNDERLAND
APPLICATION FOR LOCAL AUCTION PERMIT**

Fees: Annual Permit - \$100.00
Special Permit - \$25.00 per day

TO THE LOCAL LICENSING AUTHORITIES:

The undersigned hereby applies for a Town of Sunderland ____ **Special** / ____ **Annual** Auction Permit in accordance with the provisions of MGL c.100 relating thereto:

Full Name of Applicant: _____

Address: _____

Telephone: _____

Full Name of Licensed Auctioneer: _____

Address: _____

State Auctioneer License Number (*Attach copy of current license*): _____

Hours between which the Auction is to be held (*am/pm*): _____

Location of Auction (*Street Address*): _____

General Description of Goods to be auctioned: _____

Complete the following if applying for Special Auction Permit:

Auction Date(s) (*Not to exceed ten*): _____

Estimated Value of Goods to be auctioned: _____

Will food or beverages be served? ____ **YES** ____ **NO** If YES, a Food Permit must be obtained at least 14 days in advance of the first auction date. Contact Sunderland Board of Health at 413-665-1441.

Police Detail Requirement Contact Sunderland Police Department at 413-665-7036 at least 14 days in advance of the first auction date. The Police Chief shall, prior to permit approval, determine in writing whether a police detail is required for parking and traffic management.

(*Applicant*) I certify under the penalties of perjury that the information provided in this application and attachments is true and correct that to my best knowledge and belief.

Signature of Applicant

Date

(*Licensed Auctioneer*) I certify, under the penalties of perjury, that to my best knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, insurance requirements, reporting of employees and contractors, and withholding and remitting child support.

Signature of Individual **or** Corporate Name

By: Corporate Officer (*if applicable*)

Federal Tax ID #

Your Federal Tax ID number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filling or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass GL c.62C §49A.

Office Use Only

Date Application Received: _____

Fee Paid: _____

Police Detail required: ☐ Yes ☐ No

Food Permit required: ☐ Yes ☐ No

Other Conditions: _____

Date Permit Approved: _____

Date Permit Expires: _____

Board of Selectmen, Chair

Vice Chair

Clerk