

APPLICATION FOR SALE OF GOODS AT A PUBLIC AUCTION

Name of Applicant _____

Date of Birth _____ Social Security # _____ - _____ - _____

Drivers License Number _____

Address _____

Business Address _____

Home Phone (_____) _____ Business Phone (_____) _____

Address where public auction will take place _____

Date & duration of auction (including hours of auction) _____

City of Albany licensed auctioneer (to be working auction) _____

Address of auctioneer _____

Phone Number _____

ATTACHMENTS

1. Written sworn inventory includes (quantity, quality, kind or grade of goods proposed to be auctioned.

AFFIDAVIT

NO GOODS BELONGING TO A PERSON OTHER THAN THE APPLICANT ARE INCLUDED IN INVENTORY.

Signed _____

Title _____