

# CITY OF HAYSVILLE AUCTION PERMIT APPLICATION

## APPLICANT INFORMATION

Applicant Name:	Address of Applicant:
Address of Auction:	
Phone Number:	Date and Time of Auction:
Type of Auction: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Storage Unit	

Please list all items to be auctioned off (please attach a separate list of items if needed):

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## INSURANCE INFORMATION

Auctioneer:	
Liability Insurance Carrier:	
Insurance Contact:	Phone:

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

<i>For Office Use Only</i>			
Application received by City Clerk on _____		By _____	
		Receipt # _____ \$50 fee paid _____	
Approval by Police Dept.: _____			
Date			
Approval by City Inspector: _____		Approval by City Attorney: _____	
Date		Date	
Comments: _____			