



James Turcio  
Issuing Authority

# City of New Haven Permit & License Center

200 Orange Street, Room 501  
New Haven, Connecticut 06510



Justin Elicker  
Mayor

## PERMIT APPLICATION

License Type: **Auction**

Date Application Submitted: \_\_\_\_\_ Applying as:  Individual  Manager  Owner  Partnership

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Business Fax:** \_\_\_\_\_

List the Date(s) requested: (Monday)\_\_\_\_\_ (Tuesday)\_\_\_\_\_ (Wednesday)\_\_\_\_\_ (Thursday)\_\_\_\_\_ (Friday)\_\_\_\_\_ (Saturday)\_\_\_\_\_ (Sunday)\_\_\_\_\_

The proposed location(s) of the Auction: \_\_\_\_\_

**I/We hereby agree to abide by all of the rules and regulations pertaining to AUCTION as defined by the City of New Haven General Code of Ordinances and Connecticut State Statutes.**

Applicant Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Applicant Address: \_\_\_\_\_ (Street #) \_\_\_\_\_ (Street name) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Valid Photo ID# \_\_\_\_\_ Issuing State: \_\_\_\_\_

Driver License  Non-Driver License  Passport Issued ID  State Income Maintenance Issued ID

Other Issued ID \_\_\_\_\_

**Once issued a business license is not transferable, no refund will be issued, and is subject to the provisions of the City of New Haven General Code of Ordinances and Connecticut State Statutes applicable to the activity for which the license is granted.**

**By signing this application the Applicant is authorizing the City of New Haven to complete a background check on individuals, partners or officers of the entity to which the business license is issued. The Applicant further certifies that a copy of the City of New Haven Ordinance Rules & Regulations governing this business license has been received.**

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Provide the following information for each Individual Auctioneer,  
Principals in Business, Officers, Partner or Corporation**

List all persons required to be reported under chapter 409 of the C.G.S.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Individual(s) relationship to business: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street #) (Street name) (Town) (State) (Zip code)

Business Address: \_\_\_\_\_  
(Street #) (Street name) (Town) (State) (Zip code)

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Individual(s) relationship to business: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street #) (Street name) (Town) (State) (Zip code)

Business Address: \_\_\_\_\_  
(Street #) (Street name) (Town) (State) (Zip code)

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Individual(s) relationship to business: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street #) (Street name) (Town) (State) (Zip code)

Business Address: \_\_\_\_\_  
(Street #) (Street name) (Town) (State) (Zip code)

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Individual(s) relationship to business: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street #) (Street name) (Town) (State) (Zip code)

Business Address: \_\_\_\_\_  
(Street #) (Street name) (Town) (State) (Zip code)

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_