



James Turcio  
Issuing Authority

# City of New Haven Permit & License Center

200 Orange Street, Room 501  
New Haven, Connecticut 06510



Justin Elicker  
Mayor

## BUSINESS LICENSE APPLICATION

License Type: **AUCTIONEER**

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

License Is Hereby Granted To: \_\_\_\_\_  
(Individual Name)

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

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

Description of merchandise or services to be sold: \_\_\_\_\_

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

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

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

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

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

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 General 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: \_\_\_\_\_



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## REQUEST FOR CRIMINAL RECORD CHECK

**New Applicant**       **Renewal Applicant**

\_\_\_\_\_ **Last Name**                      \_\_\_\_\_ **First Name**                      \_\_\_\_\_ **Middle**

\_\_\_\_\_ **Date of Birth**                      \_\_\_\_\_ **Social Security Number**

\_\_\_\_\_ **Address**                      \_\_\_\_\_ **City**                      \_\_\_\_\_ **State**      \_\_\_\_\_ **Zip Code**

**Gender:**                      **Race:**  
 Male    Female    Black    White    Hispanic    Asian    Other: \_\_\_\_\_  
(Please Specify)

**Court Case(s) Pending:**    Yes    No       Recently Disposed of on \_\_\_\_\_  
(Date)

**Signature Required:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

### **FOR OFFICE USE ONLY – License Type**

**Amusement:**

\_\_\_ Coin Operated Device(s)/Machine(s)   \_\_\_ Bowling Alley   \_\_\_ Distributor/Operator  
\_\_\_ Game Room(s)   \_\_\_ Pool Table(s)   \_\_\_ Street Performance

**Broker:**

\_\_\_ Antiques   \_\_\_ Junk Yard   \_\_\_ Pawn   \_\_\_ Scrap Metal   \_\_\_ Precious Metal   \_\_\_ Second Hand  
\_\_\_ Swap Shop

**Parking Lot/Garage:**

\_\_\_ Parking Lot   \_\_\_ Garage

**Sales:**

\_\_\_ Close Out   \_\_\_ Door to Door   \_\_\_ Tag Sale  
\_\_\_ Auctioneer   \_\_\_ Managing Itinerant Vendor   \_\_\_ Outdoor Seating   \_\_\_ Rooming House  
\_\_\_ Vendor (Food)   \_\_\_ Vendor (Peddler/Hawker)



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**CERTIFICATION ACKNOWLEDGMENT**

I hereby certify that I have read the **Ordinances** and/or **Rules/Regulations** which pertain to **Auction Permit and Auctioneer License** operations for the City of New Haven. I understand that I must comply with these **Ordinances** and/or **Rules/Regulations** at all times or be subject to enforcement actions by the City of New Haven.

I fully understand that if the **Auction & Auctioneer** application is denied by the City of New Haven, I will be entitled to a full refund. However, I further understand that if I withdraw the application for any other reason, there will be a fifty dollar (\$50.00) administrative processing fee withheld from payment reimbursement. Once issued a permit or license is non-refundable and non-transferable.

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**NAME** (Please print your name. This permit/license is hereby granted to)

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**YOUR SIGNATURE**

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**BUSINESS NAME OF PERMIT/LICENSE**

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**DATE**