

License # _____

Fee \$ _____

***CITY OF TONAWANDA
AUCTIONS & AUCTIONEERS
LICENSE***

Name of Licensee: _____

Address of Licensee: _____

City _____ State _____ Zip _____

Phone Number of Licensee: _____

Location(s) of Auction: _____

Signature of Applicant: _____ Date: _____

_____ has been given permission to hold auctions in the
City of Tonawanda from _____ to _____.

(Date)

(Signature of City Clerk)

(City Seal)