



## **AUCTION PERMIT**

1. Application must contain name of applicant, address and license number of the auctioneer, hours which the auction is to be conducted, location of auction and description of goods to be auctioned.
2. The Board of Selectmen has six business days from the filing of the application to either approve or deny the permit. Failure to act within six business days shall constitute automatic approval of the application. (MGL Ch. 100, sec. 10)
3. Copy of signed Tax Affidavit of the Auctioneer & a copy of the Auctioneer's License from the Division of Standards.
4. Workers' Compensation Insurance Affidavit – Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date)
5. Comments from Police Department (Selectmen's Office will handle)
6. A Check for **\$25.00** made payable to the **Town of Walpole** for the One Day Auction Permit fee.



**Town of Walpole**  
Board of Selectmen's Office  
Tel: 508-660-7277  
135 School Street  
Walpole, MA 02081

## Application for License or Permit

Today's Date: \_\_\_\_\_

I \_\_\_\_\_, hereby make application to the  
Board of Selectman of the Town of Walpole, Massachusetts for a:

Type of License: **Auction Permit – Fee \$25.00** (check made payable to the **Town of Walpole**)

Date of Auction: \_\_\_\_\_

Hours of Auction: \_\_\_\_\_

License/Permit to be made out in the name of: \_\_\_\_\_

License Number of Auctioneer: \_\_\_\_\_

Location of Auction: \_\_\_\_\_

Description of goods to be auctioned: \_\_\_\_\_

Is this your first application for a license/permit? **Y / N**

Is this a renewal of a license/permit? **Y / N**

SIGN YOUR NAME IN FULL: \_\_\_\_\_

Address of the Auctioneer: \_\_\_\_\_

Applicant Telephone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

### **Comments: FOR TOWN USE ONLY**

Police approval: Yes ☐ No ☐

Approval Date: \_\_\_\_\_

Conditions/Restrictions: \_\_\_\_\_