

TOWN OF LYNNFIELD
Attn: Selectmen's Office
55 Summer Street
Lynnfield, MA 01940
Phone 781-334-3180 -- fax #781-334-0014

APPLICATION FOR AUCTIONEER'S PERMIT

Permit Fee: \$ 25.00 (per auction)
\$ 500.00 (annual)

Return this form along with the Workers' Compensation Insurance Affidavit and applicable permit fee. Checks are to be made payable to the Town of Lynnfield.

Name of Applicant *Telephone #*

Address of Applicant *Business Mailing Address*

State License No. _____ *& Expiration Date* _____ (submit copy of the State License)

Auction to be held at: _____
Name of business and full address

Date of Auction: _____ **Hours Auction will be conducted:** _____

General Description of goods to be auctioned: _____

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

***Signature of Individual or Corporate Name (Mandatory)**

By: Corporate Officer (Mandatory, if applicable)

****Social Security # or Federal Identification Number**

***This permit will not be issued unless the applicant signs the certification clause and furnishes a SS # or Federal Identification Number.**

****Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.**