

**COMMONWEALTH OF MASSACHUSETTS
TOWN OF GREAT BARRINGTON
APPLICATION FOR AUCTIONEERS LICENSE**

FEE: \$50.00

DATE: _____

LICENSE NUMBER: _____

TO THE LICENSING AUTHORITY:

The undersigned hereby applies for an Auctioneers License in accordance with the provisions relating thereto:

APPLICANTS NAME: _____

APPLICANTS ADDRESS: _____

HOME TELEPHONE: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

BUSINESS EMAIL: _____

MA AUCTIONEERS LICENSE # _____

Pursuant to M.G.L. Ch. 62C, Sec. 49A. 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

by: _____
Corporate Officer (if applicable)

FID# _____