

**BOARD OF SELECTMEN
TOWN OF FOXBOROUGH
MASSACHUSETTS**

Foxborough Town Hall - 40 South Street - Foxborough, MA 02035
Telephone 508-543-1200 Fax 508-543-1235

**APPLICATION FOR AN AUCTIONEER' S LICENSE
- One Day -**

LICENSE FEE : \$25.00 each day

Telephone Number _____ Date _____

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

(Full name of Person, Firm or Corporation making the application)

Street	Town	State	Zip Code
--------	------	-------	----------

To (purpose of the auction) _____

At (location of the auction)

Date and Time of Auction

ONE DAY AUCTIONEER LICENSE IN THE TOWN OF FOXBOROUGH IN ACCORDANCE WITH THE RULES AND REGULATIONS MADE UNDER AUTHORITY OF SAID STATUTES.

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 and local taxes required under law.

*Signature of Individual or Corporate (Mandatory If Applicable)

By Corporate Officer (Mandatory,

** Social Security # (Voluntary) or Federal Identification #

* This license will not be issued unless this certification clause is signed by the applicant.

** 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 license suspension or revocation. This request is made under the authority of Mass. G. L c62C's 49A.

Signature of Applicant