

**MUNICIPALITY OF CLARINGTON
APPLICATION FORM
AUCTIONEER'S LICENCE**

PLEASE PRINT

Last Name			Given Name(s)	
Home address			Maiden Name	
Home Phone Number				
Business Name			Business Phone	
Business Address			Mailing Address	
Date of Birth	Height	Weight	Eye Colour	Hair Colour
New _____ Renewal _____ Previous Licence # _____ Annual Licence (\$75.00) <input type="checkbox"/> Single Event (\$40.00) <input type="checkbox"/>				

I _____ do hereby certify and declare that I have:

- 1) Read over the application
- 2) All the facts contained herein are true and accurate
- 3) If granted I undertake to comply with all the terms and conditions of the by-law

Signature

Witness

Date

NOTE: THE USE OF FALSE OR MISLEADING INFORMATION IN THIS APPLICATION SHALL RESULT IN SUSPENSION OR REVOCATION OF THIS LICENCE.

In accordance with the provisions of the Municipal Freedom of Information Act, 1989 (sections 28 and 29) we are requesting this information for the purpose of:

- a) Making a determination on the application; and
- b) Maintaining a business record upon acceptance.

Our authority for the collection of the information contained on this form is the Municipal Act.
Questions should be directed to:

Municipal Clerk,
40 Temperance Street, Bowmanville, Ontario, L1C 3A6,
Telephone 905-623-3379

FOR OFFICE USE ONLY

OFFICE USE ONLY	RECEIVED
Criminal History Record ** MUST BE CURRENT (30 DAYS) **	
Required fee	

APPLICATION REVIEWED BY: _____ DATE _____

APPROVED

DENIED

REFERRED TO COUNCIL

COUNCIL DISPOSITION: _____ RESOLUTION # _____ DATE _____

LICENCE # _____ ISSUED ON: _____