

Town of Barnstable Regulatory Services Licensing Division

200 Main Street, Hyannis, MA 02601 www.town.barnstable.ma.us

Telephone: 508-862-4771 Fax: 508-778-2412

Regulatory Service Director Richard Scali

Consumer Affairs Supervisor Elizabeth G. Hartsgrove

Consumer Affairs Officer Therese Gallant

Administrative Assistant Margaret Flynn

AUCTIONEER FORMS LIST

TOWN OF BARNSTABLE FORMS APPLICANT ITEMS • Barnstable Auctioneer License Application • State Auctioneer License required for both Annual and One Day Licenses • Proof of Barnstable residency for annual license

<u>Fees</u>	License	Annual	\$15.00	Hearing required:	Yes	No X
		Temp	\$10.00/day	Advertise 10 days before:	Yes	No X
	Application		\$100.00	Notify abutters:	Yes	No _X

Please return all completed forms and applicant items to Licensing Division, 200 Main Street, Hyannis

If you have any questions, please do not hesitate to contact our office and we will be happy to assist.



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Auctioneer Licenses

New or Amend Application Process

Step 1	Applicant files completed Licensing Application for New or Amend of Auctioneer license to the Licensing Division.			
Step 2	Other regulatory approvals may be required if permanent location is used for auctions. (Site Plan, Health, Building, Fire, Zoning, etc.)			
Step 3	Applicant appears before Licensing Authority at public meeting for approval			
Step 4	Licensing verifies with Building, Health & Fire all signoffs and inspectional approvals have been met, if applicable.			
Step 5	Applicant pays for licenses to keep on premise at time of events.			

Process may take longer than 3 weeks, depending on application and meeting dates.

License Period:

Date:



New Application

Renewal

Amend

The undersigned hereby applies for a License to conduct business in the Town of Barnstable in accordance with the Statues of the Commonwealth of Massachusetts and subject to the Ordinances of the License Authorities.

NO BUSINESS MAY OPERATE WITHOUT A VALID LICENSE ON THE PREMISES

Name of Applicant/Corporation:	Business phone #		
Address of Applicant/Corporation:	Cell Phone #		
Email Address:	Federal ID #		
D/B/A:	Annual	Temporary (-10/days)	
State License Number	Expiration Date		
Auction Address:	Village		
Hours of Operation:	Auction Dates		
Description of Goods	Estimated Value		
NOTICE: Any misstatement in this application or violation of the applicable town sufficient cause for refusal, suspension, or revocation of any and all licenses.	ordinances, bylaws	or regulations shall be considered	

For Town use only

I warrant the truth of the forgoing statement under the penalty of perjury.

Signature of applicant: