



VILLAGE OF ARLINGTON HEIGHTS
 Department of Building & Life Safety
 33 S. Arlington Heights Rd.
 Arlington Heights, IL 60005
 Phone (847) 368-5560
 Fax (847) 368-5975
 Website: Building@vah.com

20 _____ AUCTIONEER'S LICENSE APPLICATION

SECTION #12-105

APPLICATION MUST BE MADE 15 DAYS PRIOR TO OPENING DATE.

NAME OF COMPANY: _____ PHONE #: _____
 COMPANY ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 FEIN #: _____ ST. IBT #: _____
 OWNER OF COMPANY: _____ PHONE #: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

NAME AND LOCATION WHERE AUCTION WILL BE HELD: _____

DATES OF AUCTION: _____

ESTIMATED ATTENDANCE: _____ TICKET CHARGE: \$ _____

FIRE GUARD REQUIRED FOR ATTENDANCE OF 1500 OR MORE. ADDITIONAL FEES REQUIRED. CONTACT THE ARLINGTON HEIGHTS FIRE DEPARTMENT AT (847) 368-5450.

FEE SCHEDULE - MUST BE PAID AT TIME OF APPLICATION

ANNUAL \$115.00 plus \$35.00 for each employee of the auctioneer. DAILY \$12.00 plus \$12.00 for each employee of the auctioneer. No daily license fee shall be required if an annual license is obtained, and no annual license shall be required if a daily license is obtained.

PLEASE PROVIDE THE NAME OF THE AUCTIONEER.

NAME: _____ TITLE: _____ HOME PHONE: _____
 HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 DATE OF BIRTH: _____ DRIVERS LICENSE #: _____ STATE WHERE ISSUED: _____

PLEASE PROVIDE THE NAME(S) OF THE AUCTIONEER'S EMPLOYEE(S). AN AUCTIONEER CAN HAVE NO MORE THAN TWO (2) EMPLOYEEES.

NAME: _____ TITLE: _____ HOME PHONE: _____
 HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 DATE OF BIRTH: _____ DRIVERS LICENSE #: _____ STATE WHERE ISSUED: _____

NAME: _____ TITLE: _____ HOME PHONE: _____
 HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 DATE OF BIRTH: _____ DRIVERS LICENSE #: _____ STATE WHERE ISSUED: _____

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONAL UPON COMPLIANCE WITH ALL VILLAGE ORDINANCES AND THE RESULTS OF ANY INSPECTION OF THE ABOVE PREMISES AT THIS TIME OR ANY SUBSEQUENT INSEPTION WHILE THIS LICENSE IS IN FORCE. FALSIFICATION OR OMISSION OF ANY INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR DENIAL OR REVOCATION.

HAVE YOU BEEN CONVICTED OF A CRIME EXCEPT MINOR TRAFFIC VIOLATIONS? YES NO IF YES PLEASE PROVIDE BELOW THE DATE, CITY AND STATE WHERE THE ARREST(S) TOOK PLACE, THE SPECIFIC CHARGES THAT WERE FILED AND THE DATE OF THE COURT DISPOSITION AND SENTENCE IMPOSED IF APPROPRIATE. _____

SIGNATURE OF APPLICANT: _____ TITLE: _____ DATE: _____

LICENSING DEPARTMENT: _____ FOR OFFICE USE ONLY
 COPY SENT TO: _____ APPROVED DENIED CONTROL #: _____
 FIRE SAFETY FIRE DEPARTMENT POLICE