

**DONALD X. CLAVIN JR.**  
*Supervisor*



**Office Use Only**

LICENSE # \_\_\_\_\_  
FEE PAID \_\_\_\_\_  
DATE \_\_\_\_\_

**OFFICE OF THE TOWN CLERK**  
**KATE MURRAY**  
**Town Clerk**  
One Washington Street Hempstead, NY 11550  
Tel: (516) 812-3025 email: [licensing@tohmail.org](mailto:licensing@tohmail.org)

**AUCTION SALES**

Name:
D.B.A:
Address:
Phone #:
Email address:
Date auction is to be held:
End date:                      Total number of days:
Type of merchandise to be auctioned:
T.O.H. auctioneer License #:

*Sworn to before me this* \_\_\_\_\_

*Day of* \_\_\_\_\_ *20* \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
***Signature of Applicant***