



**OFFICE OF THE CITY CLERK**  
Rome City Hall, 198 N. Washington Street  
Rome, New York 13440-5815  
Tel.: (315) 339-7659 Fax: (315) 838-1160  
www.romenewyork.com

**APPLICATION FOR AUCTIONEER LICENSE**

**INDIVIDUAL BACKGROUND**

Name of Applicant: (also Maiden name): \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Place & Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  MALE  FEMALE  
Do you possess a current **valid** driver license?  Yes  No  
Driver License ID No: \_\_\_\_\_ State issued: \_\_\_\_\_  
Are you an employee of the City of Rome?  Yes  No (if yes, explain): \_\_\_\_\_  
\_\_\_\_\_

**BUSINESS/ORGANIZATION - INFORMATION**

Name of Business/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Number of Years Business has been open: \_\_\_\_\_

**TYPE OF BUSINESS**

Firm  Partnership  Association  Corporation  Sole Proprietorship  
 Other (specify): \_\_\_\_\_

**If a partnership**, please list names and addresses of all partners both general and limited (attach additional sheets if necessary):

NAME	ADDRESS	TYPE (general or limited)

If a corporation or association, please list names and addresses of all principal officers (attach additional sheets if necessary):

NAME	ADDRESS

Have you (applicant), or any partner or any principal officer, been **convicted of any crime or any violation of any municipal ordinance?**       YES       NO

If yes, please list (list all; attach more sheets if necessary):

- nature of offense: \_\_\_\_\_
- punishment or penalty received: \_\_\_\_\_

**Please note Auctions & Auctioneers shall be subject to the provisions of Article II of Chapter 18 of the Rome City Code of Ordinances.**

Applicant agrees to comply with all local laws, ordinances, rules and regulations of the City of Rome pertaining to the operation of a business or occupation.

YES       NO

Applicant has not been refused a license or had a license revoked within the last nine (9) months of the date of this application.

YES       NO

Date of refusal or revocation: \_\_\_\_\_

**Indicate the licensing period for which this application is intended:**

**ONE YEAR**       **ONE DAY** (list date and time): \_\_\_\_\_

List the location and addresses where you have conducted business over the past six months (specify dates for each):

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**REFERENCES**

List three (3) character references (**not relatives or co-workers**) that have known you for a period of at least one year:

**NOTE:** The City of Rome, New York reserves the right to check any and all references that may reflect on your character and business practices. The office of the City Clerk shall not issue an Auction/Auctioneer License until such time as applicant’s background and character have been certified by the Rome Police Department.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Nature of acquaintance: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Nature of acquaintance: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Nature of acquaintance: \_\_\_\_\_

**BOND**

The City of Rome requires that applicant provide the City a good and sufficient bond, as determined by the Corporation Counsel.

**SIGNATURE**

I certify under penalty of perjury that I have personally answered all the questions contained herein and that the information provided by me is true and complete to the best of my knowledge.

I have read the foregoing and understand that FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS “A” MISDEMEANOR PURSUANT TO SECTION 210 of the NEW YORK STATE PENAL LAW.

\_\_\_\_\_  
Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Commissioner of Deeds

**FOR INTERNAL USE ONLY**

**ROME POLICE DEPARTMENT VERIFICATION**

The credentials of the applicant(s), principal(s) and/or partner(s) of the business have been checked by the Rome Police Department, and based upon the information provided, the license is:

Approved       Disapproved

The applicant was not approved for the following reason(s)

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Signature	Title	Date
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**CITY CLERK LICENSING INFORMATION**

**Permit Fees:**

One (1) Day Permit:      **\$100.00**  
Annual Permit:            **\$500.00**

Amount Paid:             \_\_\_\_\_

Date License Issued: \_\_\_\_\_

Date License Expires: \_\_\_\_\_

License No.: \_\_\_\_\_

\_\_\_\_\_  
City Clerk Signature

\_\_\_\_\_  
Date