



OFFICE OF THE CITY CLERK
ROME CITY HALL, 198 N. WASHINGTON ST.
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):

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 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)

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