DATE RECEIVED _____

PERMIT #_

CUSTOMER # _____

(FOR ADMINISTRATIVE PURPOSES ONLY)

□ VALET SERVICES WILL BE UTILIZED

Town of Palm Beach | Town Clerk's Office 360 S County Rd, Palm Beach, Florida 33480 Phone: (561) 805-5416 Email: TownClerk@townofpalmbeach.com

AUCTION PERMIT APPLICATION

EXHIBIT F

		mation given in this application while it Office within 48 hours of such change.	is pending, the applicant s	shall notify
APPLICANT/CONTACT PERSON NAME (Person responsib	le for conducting the auction):		
ADDRESS:				
PHONE:		CITY	STATE	ZIP
AUCTIONEER'S LICENSE NUMBER: *All	auctions must be	conducted by a licensed auctioneer S	(PLEASE ATTACH COPY ec. 94-36 (a)	OF LICENSE)
EVENT ADDRESS:				
ZONING DISTRICT WITHIN WHICH AUC	FION WILL BE HEI	CITY	STATE	ZIP
COMMERICAL USE OF LOCATION*:				
*The goods or services to be auctioned held as determined by the Director of t				uction is to be
EVENT DATE(S):		NUMBER OF PARTICIPANTS:	NUMBER OF SPECTA	ATORS:
HOURS OF AUCTION, INCLUDING ASSE				
EVENT NAME:				
GENERAL DESCRIPTION OF ITEMS TO B	E AUCTIONED:			
PROVIDE A DETAILED DESCRIPTION OF	THE ACTIVITIES:			
HAS THIS EVENT BEEN HELD IN THE TO		YES NO IF YES, DATE OF LAST EV	/ENT:	
	ORGANIZATIC	ON INFORMATION (if applicable)	1	
If the event is to be held on behalf of a	in organization, p	lease complete the following:		
ORGANIZATION ADDRESS:				
OWNER'S NAME:		PHONE/EMAIL:		
CHECK ALL THAT APPLY:				
□ A TENT WILL BE UTILIZED		If yes, a Construction Permit may be re	quired. Please contact 561-8	38-5431
□ A TEMPORARY STAGE WILL	BE UTILIZED	after this Auction Permit is accepted f	or more information.	
□ GENERATORS WILL BE UTILI	ZED	Please specify size of tent if applicable	·	

If yes, a <u>Valet Permit</u> may be required, please see Traffic/Parking section.

Town of Palm Beach | Town Clerk's Office 360 S County Rd, Palm Beach, Florida 33480 Phone: (561) 805-5416 Email: TownClerk@townofpalmbeach.com

TRAFFIC/PARKING INFORMATION

Will support facilities such as traffic control, parking volume and crowd control be needed? If yes, please specify:

List the different forms of transportation to be us	sed by participants (list primary form of t	ransportation first):	
Where will the attendees park?			
Provide a reasonable estimate of parking volume	generated by the event and the type of	parking that will be used:	
Note: Temporary valet services require a separat parking services permit. Failure to secure a tempo permitted valet services.			
<u> </u>	INSURANCE INFORMATION		
NAME OF APPLICANT'S INSURANCE COMPANY:		•	
PHONE/EMAIL:			
ADDRESS:			
	CITY	STATE	ZIP
Please attach a Certificate of Insurance naming the with limits not less than \$1,000,000.00 per occurre shall also be a 30-day notice of cancellation. Confi	ence or an amount higher based upon the	e particular special event pr	oposed. There
Operations box at the bottom of the proof of insu	urance form. 🔲 YES		
	AUTHORIZATION		
Please review <u>Chapter 94, Article II. Auctions and A</u> (561) 227-6300 with any questions. Before a permi Clerk's office will be in contact with payment instru	Auctioneers prior to application submission it is issued, the applicant must pay an adr		
I have read the provisions of the Town Code of Ordi	inances relating to the regulation of Auct all provisions set forth therein.	ions and Auctioneers and ag	gree to abide by
PRINTED NAME:			
APPLICANT SIGNATURE:	DATE:		