



Chris Swope

Lansing City Clerk

Auctioneer License Application

(City Codified Ordinances – Chapter 805.01 – 805.99)
<http://mi-lansing.civicplus.com/171/Business-Licenses>

Applicant Checklist: (Ensure All Items Completed)

Payment:

Bond:

Application Completed:

Treasury Form Completed:

ANNUAL NON-REFUNDABLE LICENSE FEE: \$100.00 non-refundable.
BOND: \$2,500.00 penal bond required.
(Bond must be filed with the City Clerk prior to issuance of a license.)

Business Name		Business Phone Number	
DBA			
Business Address		City	State, Zip

Business Owner		Owner Phone Number	
Owner Address		City	State, Zip
Owner Email Address		Owner DOB (MM/DD/YY)	

Same as above:

Applicant Name		Applicant Phone Number	
Applicant Address		City	State, Zip
Applicant Email Address		Applicant DOB (MM/DD/YY)	

Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
517-483-4131 • 517-377-0068 FAX
www.lansingmi.gov/clerk • city.clerk@lansing.mi.gov

I agree that at least ten days prior to conducting an auction, I will file with the City Clerk an itemized inventory of the items to be sold at the auction and the dates, times, and location of the auction.

I understand that it is my responsibility to comply with all provisions of Chapter 805 (Auctions) of the Lansing Codified Ordinances.

I understand that a false statement on this application may result in either a denial of this application or subsequent revocation if this license is granted.

Applicant Signature

Date

<u>OFFICIAL USE</u>
Amount paid: _____
Date paid: _____
License #: _____



CITY OF LANSING
TREASURER'S OFFICE/INCOME TAX DIVISION
Room G-29, First Floor, City Hall
124 W Michigan Ave
Lansing, Michigan 48933
(517) 483-4121
FAX (517) 483-6084

ANDY SCHOR, MAYOR

LANSING TREASURY INFORMATION REQUEST

COMPLETE A SEPARATE FORM FOR EACH INDIVIDUAL SUBJECT TO VERIFICATION

Date: _____

APPLICANT/EMPLOYEE INFORMATION

Name (RA): _____

Home Address: _____

Daytime Phone Number: _____

Social Security (last 4 digits ONLY): _____

Drivers License # _____

Date of Birth: _____

EMPLOYER/BUSINESS INFORMATION

Corporate Name: _____

Doing Business As (DBA): _____

Address: _____

Business Phone Number: _____

FEIN #: _____

Date business was established: _____

Do you, or any of these businesses, owe the City of Lansing money for any reason? Yes No

If Yes, for what reason? _____

Name of any other Lansing area business in which your ownership participation exceeds 25%

Signature

Date

Revised 5/9/2018

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