



CITY OF BALLWIN
 14811 MANCHESTER RD
 BALLWIN, MO 63011
 (636) 227-8580 FAX: 207-2320

AUCTION / ESTATE SALE PERMIT APPLICATION

FEE: \$50

OFFICE USE ONLY

PERMIT # _____

APPROVED DENIED

BY _____

AUCTION/SALE LOCATION: _____

DATE OF AUCTION/SALE: _____
(Cannot exceed three consecutive days including weekends & holidays)

HOURS: *(Limited to 8:00 am to 5:00 pm)* _____

NAME OF ESTATE SALE COMPANY: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

PHONE: _____

NAME OF PROPERTY OWNER/LESSEE: _____

PHONE: _____

NUMBER OF AUCTIONS/SALES HELD AT THIS LOCATION IN THE PAST 12 MONTHS: _____

NUMBER OF ON-SITE PARKING SPACES: _____

CONDITIONS OF PERMIT

1. Auction or sale of merchandise to be held only between the hours of 8:00 A.M. and 5:00 P.M. on the date specified in the application for license.
2. No sound amplification equipment is to be used except in a fully enclosed building.
3. The license is to be conspicuously posted on the property where it may be viewed from the street.
4. The property owner consents to the inspection of all merchandise offered for sale at the property on the date of the auction or sale of merchandise by an auctioneer, by fire, police, health and other City, County, or State of Missouri officials.
5. No auction or sale of merchandise has been made at this property location during the previous 30 days nor have there been two or more auctions or sales of merchandise at this location during the previous 12 months.
6. On the recommendation of the City, one side of the street may be required to be posted "**NO PARKING**" 2 hours prior to the event.
7. **Only** property belonging to the homeowner may be sold in the estate sale.

PENALTY: The penalty for conducting an auction or sale of merchandise without first obtaining a license is \$50.00 for the first offense, and \$200.00 for subsequent offenses, in addition to closing the auction.

 Owner / Agent Signature



CREDIT CARD PAYMENT FORM

Inspections: (636) 227-2129
 Fax: (636) 207-2360
 Email: inspections@ballwin.mo.us

PHONE MAIL FAX EMAIL

- MASTERCARD
 VISA
 DISCOVER

<i>CARD NUMBER</i>
<i>EXPIRATION DATE (MM/YY):</i>

√	<i>TRANSACTION TYPE</i>	<i>AMOUNT</i>	<i>REF # OFFICE USE ONLY</i>
	HOUSING INSPECTION	\$ 100	
	APT INSPECTION	\$ 30	
	PERMIT		
	ESCROW DEPOSIT		
	LICENSE		

NAME AND ADDRESS ON THE CREDIT CARD BILLING STATEMENT

NAME ON CARD	
STREET ADDRESS	
CITY/STATE	ZIP

CARDHOLDER SIGNATURE (IF MAILED/EMAILED/FAXED) X	
EMAIL ADDRESS:	DATE
DAYTIME PHONE NUMBER	