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

## AUCTION / ESTATE SALE PERMIT APPLICATION

OFFICE USE ONLY			
PERMIT #			
□ APPROVED □ DENIED			
BY			

FEE: \$50

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:	
PHONE:	
NUMBER OF AUCT	TIONS/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.



## CREDIT CARD PAYMENT FORM

		☐ FAX	] EMAIL	
Inspections: (636) 227-2129 Fax: (636) 207-2360 Email: inspections@ballwin.mo.us		PLEASE NOTE: We do not accept payment over the phone.		
<ul><li>☐ MASTERCARD</li><li>☐ VISA</li><li>☐ DISCOVER</li></ul>	CARD NUMBER  EXPIRATION DATE (MM/YY):			
√ TRANSACTION	TYPE	AMOUNT	REF # office use only	
HOUSING INSPECTION		\$ 100		
APT INSPECTION		\$ 30		
PERMIT				
ESCROW DEPO	OSIT			
LICENSE				
NAME AND ADDRESS	S ON THE CREDIT CARD BILL	LING STATEMENT		
STREET ADDRESS				
CITY/STATE ZIP			ZIP	
CARDHOLDER SIGNATURE	<b>(</b>			
EMAIL ADDRESS:		DATE		
DAYTIME PHONE NUMBER				