

211 Walnut Street, P.O. Box 426, Neenah, WI 54957-0426 Phone: (920)886-6100 Fax: (920)886-6109

CITY OF NEENAH, WISCONSIN AUCTION PERMIT APPLICATION

(Pursuant to Municipal Code Section 4-124)

Application Da	ate:			
Name:				
	First	Middle Initial.	Last	
Address:				<u> </u>
	Street	City	State	Zip
Telephone: (_)			
Location of A	uction:			
Name of Com	npany and/or Person Pe	forming Auction:		
Date(s) of Au	ction:			
• •	on shall accompany a rec handise, if taxed or taxab	ceipt or other reasonable evide le, have been paid.	nce showing that	t any taxes due
	er and/or Auction Com is. Stat. 480.08.	pany must submit a copy of	their Wisconsin	registration as
•	have no unpaid taxes, lting from a violation of a	assessments or other claims on City Ordinance.	owed to the City	nor any unpaic
SIGNATURE:		DATE:		