



**CITY OF LAS VEGAS
DEPARTMENT OF PLANNING
BUSINESS LICENSING DIVISION
333 N. Rancho Dr., 6th Floor
Las Vegas, NV 89106**

**Fax (702) 464-2540
TDD (702) 386-9108
E-mail us at license@lasvegasnevada.gov**

Auction Permit Application

dba _____

Applicant's Name _____

Business Name _____

Business Address (City, State Zip) _____

Auction License Number _____

Phone Number _____

Fax Number _____

E-mail Address _____

Location of Auction:

Address: _____

Date(s) / Time(s):

Owners of property to be sold at auction:

Name: _____

NOTE: Attach additional names & addresses

Address: _____

Nature and quantity of goods to be sold:

NOTE: If any of the property is jewelry, an inventory of such must be submitted with this application (see [LVMC 6.14.080 \(C\) 8](#))

Terms and conditions of sale:

Licensed Auctioneer who will conduct auction:

Name: _____

Address: _____

Assistant(s) who will help call the auction:

Name: _____

NOTE: Attach additional names & addresses

Address: _____

Signature of Applicant: _____

DATE: _____

DO NOT WRITE BELOW THIS LINE

Received by: _____

Date: _____

Permit fee: GR# _____ Date: _____

Amount: _____

Approved for permit: _____

Date: _____

Follow-up comments: _____