

CITY OF MILLVILLE

AUCTION/AUCTIONEER

(Temporary Auction: The sale by auction of goods, property, real and personal, and other items at a given location for no more than three consecutive days or two, two-day weekends during a thirty-day period, regardless of the ownership of the property or goods being sold or the person or organization doing the selling)

LICENSE APPLICATION (Article 1– Chapter 33)

\$10.00 Application Fee Due Payable at Time of Application

\$100.00 License Fee Per Day

Veterans & Other Persons Named in NJSA 45:24-9 are Exempt from the Licensing Fee

Copy of State of New Jersey Tax Sale Certificate

DATE OF APPLICATION: _____

APPLICATION FEE PAID: \$ _____

Chapter 30 Section 201

Auctions or outdoor sales may be held in accordance with the following conditions:

- (1) Temporary auctions or sales of household belongings or business possessions and inventory in connection with the liquidation of an estate settlement or a court ordered cessation of a given use are permitted in all zoning districts, provided that such auctions or sales shall not continue for more than seven consecutive days or for more than three weekends within any six-month period. Such activities shall not be subject to site plan review, provided that no structures are altered, erected, constructed or installed in connection therewith. Such activities may be subject to other regulations or licensing requirements of the City of Millville.
- (2) Any auction or sale carried out as a continuous business operation or in connection with the sale of goods or services as a promotional campaign of any existing business or industry shall be considered to be a retail use and subject to site plan review. Temporary sales or auctions held or sponsored by bona fide nonprofit organizations such as churches, schools, volunteer fire or safety organizations, social or civic clubs or organizations and political parties shall not be subject to site plan review.
- (3) The provisions of Subsection B(2) hereinabove shall also apply to the temporary sale of flowers, produce and other merchandise or products from vehicles, trailers, tents and structures, either temporary or permanent. Such retail sales shall be subject to site plan review and if carried out on property not owned by the applicant, approval of such activity and authorization for site plan review application shall be received from the owner of the subject property. Such activities shall comply with the following provisions:
 - (a) No such activity shall be located closer than 10 feet to a street right-of-way line or within 25 feet of the intersection of two or more streets.
 - (b) Such activity shall only be permitted whenever or however possible so as to prevent traffic hazards and in a manner deemed reasonable to assure safety to customers in connection with traffic considerations.
 - (c) No signs or lighting shall be erected or maintained in a fashion or manner which might be dangerous to the safety of traffic on adjoining roadways.
- (4) All such auctions, sales or outdoor merchandising shall be subject to:
 - (a) Site plan review; and
 - (b) The provisions of Article IX of this Chapter and the Schedules of District Regulations.

Auctions- continued- 2

NAME OF BUSINESS: _____
Attach Copy of State of New Jersey Tax Sale Certificate

BUSINESS ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME OF APPLICANT: _____ PHONE#: _____
Please Print

APPLICANTS ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

APPLICANTS D.O.B: ____/____/____ APPLICANTS DL#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

APPLICANTS SOCIAL SECURITY NUMBER: _____

DESCRIPTION OF MERCHANDISE TO BE AUCTIONED:

Attach Copy of Certificate from the Cumberland County Board of Health if proposed business involves food or beverages

HOURS OF OPERATION: _____
Shall not begin before 8:00 a.m. or continue after 10:00 p.m.

DATE(S) OF SALE: _____

PLEASE NOTE: If the business is being conducted during a City event held on City property, which is planned and Sponsored by the City of Millville Parks Department or Chamber of Commerce prior written approval is required by those departments and attached to application.

GEOGRAPHICAL AREA OF THE CITY WHERE THE APPLICANT(S) INTEND TO OPERATE : (If conducted on private property written consent from property owner must be attached to application.)

OWNER INFORMATION:

NAME OF OWNER: _____ PHONE#: _____

OWNER'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

OWNER'S DATE OF BIRTH: ____/____/____ OWNER'S DL#: _____
Month Day Year Attach Copy of Driver's License

OWNER'S SOCIAL SECURITY NUMBER: _____

GENERAL PARTNER INFORMATION:

NAME OF PARTNER: _____ PHONE#: _____

PARTNER'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

PARTNER'S D.O.B: ____/____/____ PARTNER'S DL#: _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

PARTNER'S SOCIAL SECURITY NUMBER: _____

Auctions- continued- 3

EMPLOYEE INFORMATION:

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

EMPLOYEE'S D.O.B: ____/____/____ **EMPLOYEE'S DL#** _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: _____

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

EMPLOYEE'S D. O. B: ____/____/____ **EMPLOYEE'S DL#:** _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: _____

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

EMPLOYEE'S D. O. B ____/____/____ **EMPLOYEE'S DL#** _____
Month Day Year Attach Copy of Driver's License /Legal Photo ID

HAS THE APPLICANT(S), PARTNER(S), CORPORATE MEMBER(S) OR EMPLOYEE(S) EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

YES: NO:

IF YES, PLEASE INDICATE:

NAME **NATURE OF OFFENSE** **DATE OF OFFENSE** **PLACE OF CONVICTION**

Auctions- continued- 4

EACH APPLICANT AND EMPLOYEE SHALL BE FINGERPRINTED BY THE MILLVILLE POLICE DEPARTMENT AND THE PRINTS SHALL BE SUBMITTED TO FEDERAL AND STATE AUTHORITIES FOR COMPARISON AND CRIMINAL RECORD INVESTIGATION. IN THE CASE OF PARTNERSHIPS AND CORPORATIONS THOSE PERSONS WHO ARE REQUIRED TO PROVIDE INFORMATION FOR THE APPLICATION SHALL SUBMIT TO FINGERPRINTING.

SIGNATURE OF APPLICANT: _____
Signature Date

CHIEF OF POLICE:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Police Chief _____
Signature Date

A brief explanation, if license was denied: _____

CONSTRUCTION OFFICIAL:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Construction Official _____
Signature Date

A brief explanation, if license was denied: _____

ZONING OFFICIAL:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Zoning Official _____
Signature Date

A brief explanation, if license was denied: _____

Auctions- continued- 5

FIRE OFFICIAL:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Fire Inspector _____
Signature Date

A brief explanation, if license was denied: _____

TRAFFIC SAFETY:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Traffic Safety Official _____
Signature Date

A brief explanation, if license was denied: _____

SITE REVIEW:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Planning Director _____
Signature Date

A brief explanation, if license was denied: _____

***ROBERT CONNER, MINTS INSURANCE AGENCY:**

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Robert Conner _____
Signature Date

A brief explanation, if license was denied: _____

APPROVED: DENIED: City Clerk _____
Signature Date