



# Application for Auction Permit

City of Cresson  
PO Box 619  
Cresson, TX 76035  
817-396- 4729

**Type of Permit**

\_\_\_\_\_ Auction

**Type of Business**

\_\_\_\_ Retail  
 \_\_\_\_ Commercial  
 \_\_\_\_ Educational  
 \_\_\_\_  
 \_\_\_\_  
 \_\_\_\_ Church  
 \_\_\_\_ State/Fed. Govt.  
 \_\_\_\_ Industrial

Other \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_ Merchant \_\_\_\_ Service \_\_\_\_ Other (Describe) \_\_\_\_\_

Describe Merchandise (if applicable): \_\_\_\_\_

**Address of Temporary Business:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date\*: \_\_\_\_\_ (90 Days Max)

\*Temporary buildings/structures must be removed within 14 calendar days of ending date.

**Business Owner:**

Name: \_\_\_\_\_

Texas Tax ID #: \_\_\_\_\_

Phone (primary): \_\_\_\_\_ Phone (secondary): \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AFFIDAVIT:** I hereby certify that the information shown above is true and correct and I agree to comply with all of the applicable City codes, ordinances and the laws of the State of Texas.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERMIT FEE \$50.00 PER DAY**

Signature of City Authority \_\_\_\_\_ Date \_\_\_\_\_ Permit Number \_\_\_\_\_