

Department of the Secretary of State **Bureau of Motor Vehicles**

STATE OF MAINE TEMPORARY AUCTION PERMIT REQUEST

(minimum of 48 hours' notice required)

PLEASE PRINT CLEARLY

Applicant's Name:				
Legal Business Name:				
Business Physical Address	:Street	City/Town	Zip	
Phone Number:		·	•	
We are requesting a pe	rmit to conduct an off pren	nises auction to be held at the f	following location:	
Street Address:				
City/Town:		Zip Code:		
To be held on:				
Day:	Month: _	Year:		
Signature		Official Title	Date	

Application may be emailed to: Dealerlicensing.bmv@maine.gov

Or faxed to: (207) 624-9126

If you have questions, please feel free to contact Dealer Licensing at (207) 624-9000 ext. 52143.