



License # \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

### GOING OUT OF BUSINESS SALE APPLICATION

Application for License for Going Out of Business Sale in accordance with Public Act 39 of 1961, as amended and City of Ionia General Policy #1-016 effective May 6, 2008.

**Types of Sales Include:** Going out of Business, Insurance, Bankruptcy, Mortgage, Insolvent, Assignee's, Executor's, Administrators, Receiver's, Trustee's, Removal, Closing Out, and sales of goods, wares and Merchandise damaged by fire, smoke, water or otherwise.

FEE: \$50.00 Date of Sale \_\_\_\_\_

Original \_\_\_\_\_ 1st Renewal \_\_\_\_\_ 2nd Renewal \_\_\_\_\_

(Each is issued for 30 days only. Fee for each day period \$50.00. No extensions permitted after second renewal.)

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Firm \_\_\_\_\_ Association \_\_\_\_\_

Length of time applicant has been in business at this location: \_\_\_\_\_ years \_\_\_\_\_ months.

Person filing application \_\_\_\_\_, Title \_\_\_\_\_

Owner of goods to be sold \_\_\_\_\_

Sale will be conducted in the following manner: \_\_\_\_\_

Sale will be conducted at \_\_\_\_\_

Sale will be started \_\_\_\_\_, 20\_\_\_\_, and continue until \_\_\_\_\_, 20\_\_\_\_

Name and address of person who will be in charge of and responsible for the conduct of the sale:

\_\_\_\_\_ Phone No. \_\_\_\_\_

*(continued on following page)*

Reason for Sale \_\_\_\_\_

Type of Sale: Closing Out \_\_\_ Liquidation \_\_\_ Lost our Lease \_\_\_ Forced to Vacate \_\_\_

Going out of Business \_\_\_ Other \_\_\_ Describe: \_\_\_\_\_

*Inventory of goods to be sold attached to this application.*

Total value of inventory at cost: \$ \_\_\_\_\_

No goods will be added to the inventory after this application is filed or after the sale is started.

None of the goods on the inventory attached hereto was received on consignment. A copy of the inventory submitted with this application must be posted on the premises on which the sale is to be conducted. This inventory need not show the cost price.

STATEMENT OF APPLICANT  
(CROSS OUT STATEMENTS NOT APPLICABLE)

Removal Sale - This business will be discontinued at the premises when the sale is terminated and will be established at \_\_\_\_\_  
\_\_\_\_\_

Fire, Smoke, Water Sale - The damage to the goods to be sold was caused by:

CAUSE	LOCATION	TIME
Going Out of Business Sale - This business will be discontinued at the premises when the sale is terminated.		
Additional Information: _____		
_____		
_____		
_____		

I, \_\_\_\_\_, being duly sworn, depose and say that the information contained in this application and the foregoing statement are true.

Signed \_\_\_\_\_

Address and phone number \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires

*(continued on following page)*

*Note:* Public Act 39 of 1961, as amended requires that the inventory include;

1. Itemized list of goods to be sold, described with make and brand name, if any, sufficient for clear identification.
2. Separate list of goods, purchased 60 days or less immediately prior to the date of this application.
3. Cost price of each item, name and address of source, date of purchase, and delivery date.

The sale for which an original license is issued and any renewal thereof permitted under the act, shall be considered as one sale.

**CITY CLERK'S USE ONLY**

Copies to be distributed to the following for informational purposes:

	Date Distributed
City Treasurer	_____, 20__
Community Development Director	_____, 20__
Public Safety Director	_____, 20__