



LICENSE APPLICATION

GOING OUT OF BUSINESS, FIRE, AND CERTAIN OTHER SALES

Authority: 1961 PA 39, Amended Act 219, May 17, 1963

Applicant (Individual Completing Form):

Name: _____ Phone: _____

Address: _____

Email: _____ Business Title: _____

Business:

Name: _____ Phone: _____

Address: _____

Owner Name (If not applicant): _____ Phone: _____

Business Entity (Please select one):

Individual Partnership Corporation Firm Association

Background:

Is the applicant the owner of the goods to be sold? Yes No

How long has business been open at this location? _____

Type of sale to be conducted. _____

Reason for sale (Please select all that apply):

- Closing Out Sale – Applicant to state that the business will be discontinued at the termination of the sale.
- Removal Sale – Applicant to state that the business will be discontinued at the termination of the sale, and location of premises to which the business is to be moved.
- Fire, Smoke, Water, or otherwise sale good damage – Please list time, location, and cause of damage.

Is the address where the sale is to be conducted different than business location? Yes No

If yes, what is the address? _____

The date and period of time over which such sale is proposed to be conducted. _____

Name and address of the person in charge of and responsible for the conduct of the sale (if not priory stated):

License Attachments:

- Itemized list of the goods to be sold and good and sufficient information concerning each item, including make and brand name, if any, to clearly identify it.
- List separately any goods which were purchased during a 60-day period immediately prior to the date of making application.

- The cost price of each item in the inventory, together with the name and address of the seller of the items to the applicant, the date of the purchase, the date of the delivery of each item to applicant and the total value of the inventory at cost.
- A statement that no goods will be added to the inventory after the application is made or during the sale and that the inventory contains no goods received on consignment.

Fee Schedule:

License Fee: \$50.00

Please read the following before signing:

I hereby certify that all the statements made in this application are true, complete, and correct, to the best of my knowledge and belief and are made in good faith.

Section 442.219 False Statement: Penalty

Section 9: Any person making a false statement in the application provided for in this act is guilty of perjury and shall be imprisoned in the state prison for not more than 5 years.

“I understand that a false statement on this application may result in either a denial of this application or subsequent revocation if the license is granted.”

Signature: _____ Date: _____

Printed Name/ Title: _____

STATE OF MICHIGAN)

) ss.

COUNTY OF INGHAM)

Subscribed and sworn to be before me this _____ day of _____, 20____.

Notary Public, Ingham County, Michigan a/l Ingham County

My commission expires: _____

For Office Use Only:

Received by: _____ Date: _____

License Fee Paid:

Reviewed Applicant and All Required Attachments by: _____ Date: _____

Approved by: _____ Date: _____

Permit No: _____ Date Issued: _____ Date Expires: _____

Revised: 5.31.18 (Clerk)



GOING OUT OF BUSINESS SALE

INVENTORY LOG

Goods to be Itemized: Make:	Brand Name	Cost	Name & Address of Seller	Date of Purchase	Date of Delivery of Item

Total value of inventory at cost: _____

List separately any goods which were purchased during a 50-day period immediately prior to the date of applying for application: _____

I hereby certify that all the statements made in this application are true, complete, and correct, to the best of my knowledge and belief and are made in good faith. No goods will be added to the inventory after application is made or during the sale and that the inventory contains no goods received on consignment.

Signature: _____ Date: _____

Printed Name/ Title: _____

Revised 5.29.2018 (Clerk)