LICENSE TO CONDUCT REMOVAL, CLOSE-OUT, FIRE, LIQUIDATION SALE
Act 39, Acts of 1961

For Administrative Use:
Approval:
Treasurer _____ Date _____ Water _____ Date _____

An Act to regulate insurance, bankruptcy, mortgage, insolvent, assignee's, executor's administrator's receiver's trustee's, removal and closing out sales, and sales of goods, wares and merchandise damaged by fire, smoke, water or otherwise; to provide penalties for the violation hereof and to repeal certain acts and parts of acts.

NAME OF BUSINESS _____

LOCATION OF BUSINESS _____

ADDRESS OF APPLICANT _____

PHONE NUMBER _____

DATE OF SALE _____ LENGTH OF SALE _____

Is the applicant the owner of the goods to be sold? _____

If applicant is a partnership, corporation, firm or association, the name and the position of the individual filing such application. _____

How long has applicant been in business at this location? _____

Person in charge of and responsible for the conduct of the sale:

Name _____

Address _____

Phone # _____

Type of Sale (check one):

☐ 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.

Reason: _____

_____

_____

☐ Fire, Smoke, Water or otherwise sale, goods damaged – Applicant to state time, location and cause of damage.

Reason: _____

_____

_____

Has applicant ever received a license to conduct removal, closing out, fire or liquidation sale before?

Yes _____ No _____

If so, when? _____ Where? _____

Applicant further represents that attached hereto is a statement declaring the full value of goods in the store inventory to be sold. *

TOTAL INVENTORY VALUE _____

* 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.

_____ _____

DATE OF APPLICATION SIGNATURE OF APPLICANT

Subscribed and sworn before me on this the _____ day of _____ 20 ____

_____

Notary Public, County of , State of

_____

Commission Expires

For Administrative Use:

Issued to _____ Address _____

License Fee Paid $150.00 Date _____ License Number _____

Renewal Fee Paid $ 75.00 Date _____ 1st Renewal _____

Renewal Fee Paid $ 75.00 Date _____ 2nd Renewal _____