

CITY OF EAST TAWAS
APPLICATION FOR LICENSE TO CONDUCT
REMOVAL, CLOSING-OUT, FIRE, LIQUIDATION SALE

Public Act 39 of 1961

Location of Business: _____

Name of Applicant: _____ Phone Number: _____

Address of Applicant: _____

Business Name _____

Business Address _____

INDIVIDUAL PARTNERSHIP CORPORATION FIRM ASSOCIATION

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

Is the applicant the owner of the goods to be sold? YES NO

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

Name and style in which such sale is to be conducted: _____

Date(s) and period(s) of time over which such sale is proposed to be conducted: _____

Name of person in charge and responsible for the conduct of such sale: _____

Address: _____ Phone Number: _____

Type of Sale: _____	
Reason for Sale: _____	
Closing Out Sale	Applicant must state that the business will be discontinued at the termination of the sale.
Removal Sale	Applicant must 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 similar) Sale, or Goods Damaged Sale	Applicant must state time, location and cause of damage.

Has the applicant ever received a license to conduct a removal, closing-out, fire or liquidation sale before? YES NO

If so, when and where? _____

Applicant further represents that attached hereto is a full, detailed and complete inventory of the goods that are to be sold. Such documentation shall include:

- 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 of this license.
- 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.

LICENSE FEE: \$50.00

Original

1st Renewal

2nd Renewal

Each is issued for 30 days only. A \$50.00 (non-refundable) fee is required for each 30-day period. No extensions are permitted after the second renewal. Any application for a renewal license cannot be made more than 13 days prior to the expiration of the previous license.

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.

By signing below, I attest that 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 of Applicant

Date

STATE OF MICHIGAN)
) ss.
COUNTY OF IOSCO)

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

Notary Public, Iosco County, Michigan

My commission expires: _____

**GOING OUT OF BUSINESS SALE
INVENTORY INFORMATION**

goods to be itemized and make	brand name	cost	name and phone number 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 making application for license.

STATEMENT: 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. (sign) _____

(Duplicate as necessary to give complete inventory.)