

License #: _____

Date of Expiration: _____



Going Out of Business Sale Application

Street Address: 114 North Kidd Street, Ionia, MI 48846

Mailing Address: P.O. Box 496, Ionia, MI 48846

Ph: (616) 527-4170 Website: www.ci.ionia.mi.us

Date of Application: _____

Application Fee: \$50 Per Thirty (30) Day Period

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.

Application Type (Check one):

Original

1st Renewal

2nd Renewal

Each license is issued for a 30-day period. If an extension is needed after the conclusion of the 30-day period, a new application and application fee are required. No extensions are permitted after a second renewal.

Applicant Information

Name of Business: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Type of Business (Check one):

Individual

Partnership

Corporation

Firm

Association

Length of time applicant has been in business at this location:

_____ Years

and

_____ Months

Person Filing Application: _____ Title of Applicant: _____

Owner of the Goods to Be Sold: _____

Sale Details

1. Describe the manner in which the sale will be conducted:

2. Location of the Sale: _____

3. First Day of Sale: _____, 20__ Last Day of Sale: _____, 20__

4. Contact Information for Person Responsible for Conduct of Sale:

Name: _____ Title: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

5. Reason for Sale: _____

6. Type of Sale (Check one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Closing Out | <input type="checkbox"/> Liquidation | <input type="checkbox"/> Loss of Lease |
| <input type="checkbox"/> Forced to Vacate | <input type="checkbox"/> Going Out of Business | <input type="checkbox"/> Other |

Describe:

7. Total Value of Inventory at Cost: \$_____

An inventory of goods to be sold must be attached to this application. No goods are allowed to be added to the inventory after this application is filed or after the sale has been started.

None of the goods on the inventory attached hereto can have been received on consignment. A copy of the inventory submitted with this application must be posted on the premises where the sale is to be conducted. The posted inventory need not show the cost price.

Statement of the Applicant

Check the boxes for all statements that apply to the Going Out of Business Sale. If you would like, you may cross out statements that are not applicable.

Removal Sale

This business will be discontinued at the premises when the sale is terminated and will be re-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: _____

Phone Number: _____

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

Notary Public

My Commission Expires: _____

Requirements

Public Act 39 of 1961, as amended requires that an inventory be provided. The inventory must 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

___ Fees Paid Check: _____ Cash: _____ Credit Card: _____

Approved or **Denied** (Circle One)

Comments: _____

Signature: _____ Date: _____

License #: _____ Date of Expiration: _____

Copies to be distributed to the following for informational purposes:

	Date Distributed
City Manager	_____
City Treasurer	_____
Public Safety Director	_____