

LICENSE NO. _____

EXPIRATION DATE: _____

FILINGS: Initial _____ 1st Renewal _____ 2nd Renewal _____

To be filled out by the City Clerk

**APPLICATION FOR LICENSE TO CONDUCT
REMOVAL, CLOSING-OUT, FIRE, LIQUIDATION SALE**

1961 PA 39
Amended Act 219, May 17, 1963

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.

LOCATION OF BUSINESS _____

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ PHONE NO. _____

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? _____

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

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

Address where the sale is to be conducted. _____

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

Name and address of person in charge of and responsible for the conduct of the sale.

_____ Phone No. _____

Type of sale _____

Reason for sale _____

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 Damaged - *Applicant to state time, location and cause of damage.*

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

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, which inventory shows:

1. 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.
2. List separately any goods which were purchased during a 60 day period immediately prior to the date of making application for this license.
3. 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.
4. 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

Date of Application _____

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 or this application or subsequent revocation if the license is granted."

Date

Signature of Applicant

STATE OF MICHIGAN)
) ss.

COUNTY OF INGHAM)

Subscribed and sworn to before me this _____ day of _____, 2007

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

My commission expires: _____