

CLOSING OUT, REMOVAL, FIRE, OR LIQUIDATION SALE LICENSE



OFFICE OF THE WARREN CITY CLERK
 PAUL WOJNO
 ONE CITY SQUARE, SUITE 205
 WARREN, MI 48093-2393
 (586) 574-4557 / FAX (586) 574-4556

FEE: \$50.00 for 30 Days
 LICENSE EXPIRES: _____

Act 39 Public Acts of 1961. 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.

BUSINESS NAME: _____ PHONE: _____

SALE ADDRESS: _____ Warren, MI
street city state zip

APPLICANT NAME: _____ PHONE: _____

HOME ADDRESS: _____
street city state zip

IS THE APPLICANT THE OWNER OF THE GOODS TO BE SOLD?

IF THE APPLICANT IS A PARTNERSHIP, CORPORATION, FIRM OR ASSOCIATION, PLEASE LIST THE NAME AND THE POSITION OF THE INDIVIDUAL FILING THIS APPLICATION:

HOW LONG HAS THE APPLICANT BEEN IN BUSINESS AT THIS LOCATION?

NAME AND STYLE IN WHICH THIS SALE IS TO BE CONDUCTED:

THE DATE AND PERIOD OF TIME OVER WHICH THE SALE IS PROPOSED TO BE CONDUCTED:

NAME AND ADDRESS OF PERSON IN CHARGE OF AND RESPONSIBLE FOR THE CONDUCT OF THE SALE:

TYPES OF SALES:

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

DAMAGED GOODS SALE

Applicant to state time, location, and cause of damage

(fire, smoke, water, etc)

| | |
|-------------------------------------|------------------|
| STATE TYPE OF SALE FROM ABOVE LIST: | REASON FOR SALE: |
|-------------------------------------|------------------|

HAS THE APPLICANT EVER RECEIVED A LICENSE TO CONDUCT REMOVAL, CLOSING OUT, FIRE OR LIQUIDATION SALE BEFORE?

IF SO, DATE AND WHERE:

NOTE:

This license may be renewed not more than twice for a period not to exceed 30 days for each renewal upon affidavit of the license that the goods listed in the inventory have not been disposed of and that no new goods have been or will be added to the inventory previously filed pursuant to this act, by purchase, acquisition on consignment or otherwise.

OFFICE USE ONLY

Issued by _____ Computer Entry Paper License (Issue 2 licenses - one to be displayed on door)

CLOSING OUT, REMOVAL, FIRE OR LIQUIDATION SALE LICENSE: _____

FEE\$ _____
 CHECK # _____
 RECEIPT # _____

BUSINESS NAME: _____

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 Lists separately any goods which were purchased during a 60-day period immediately prior to the date of making application for the license
- 3 The cost price of each item in the inventory, together with the name and address of the seller of the item to the applicant, the date of the purchase, the date of the delivery of each time 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

Signature: _____

Print Name: _____

Preferred Mailing Address:

Business Address

Owner Address

Other:

_____ street

_____ city

_____ state

_____ zip

Subscribed and sworn to me appeared _____

on this _____ day of _____, 20_____

Notary Public, Macomb County, State of Michigan

My commission expires _____

REQUIREMENTS:

- Fill out application and inventory report.
- Letter of Clearance from the Treasurer's Office (2nd floor of City Hall) (586) 574-4542
- Written statement stating "No goods will be added to stock after listing inventory"