



## GOING OUT OF BUSINESS SALE

CITY OF ALTON, ILLINOIS

City Clerk's Office

101 E Third • Suite 101 • Alton, Illinois 62002

Telephone: (618) 463-3522

E-mail: [cityclerk@cityofaltonil.gov](mailto:cityclerk@cityofaltonil.gov)

Fax: (618) 463-3520

Website: [www.cityofaltonil.gov](http://www.cityofaltonil.gov)

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### WHAT YOU SHOULD KNOW ABOUT GOING OUT OF BUSINESS SALE

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1. **COST OF LICENSE:** is \$ 50.00.
2. **LENGTH OF SALE:** is 60 days with a one-time extension of 30 days only.
3. **REQUIREMENTS:** copies of your inventory in duplicate on forms provided by this office.
4. This Sale allows only the liquidation of items already in the premises and will not accommodate new shipments of goods. If an infraction of this occurs your establishment will be re-inventoried by this office and any discrepancies within the inventory and stock on-hand will result in immediate revocation of license allowing such sales.

Please see that all points as outlined above are strictly adhered to and that your inventories are precise for our mutual protection.

Thank you!

I HAVE READ THE FOREGOING REGULATIONS FOR THE PRIVILEGE OF HOLDING A  
GOING OUT OF BUSINESS SALE. I FULLY UNDERSTAND THE RAMIFICATIONS OF THE  
FAILURE TO COMPLY.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Subscribed & sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
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### **GOING OUT OF BUSINESS SALE**

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Application for a license to conduct a Sale of Goods under the following descriptive name(s):

\_\_\_\_\_ GOING OUT OF BUSINESS SALE

\_\_\_\_\_ CLOSING OUT SALE

\_\_\_\_\_ LIQUIDATION SALE

\_\_\_\_\_ LOST OUR LEASE SALE

\_\_\_\_\_ FORCED TO VACATE SALE

\_\_\_\_\_ FIRE DAMAGED SALE

\_\_\_\_\_ SMOKE DAMAGED SALE

\_\_\_\_\_ WATER DAMAGED SALE

\_\_\_\_\_ INSURANCE SALE

\_\_\_\_\_ SALVAGE SALE

\_\_\_\_\_ CREDITOR'S SALE

\_\_\_\_\_ INSOLVENT'S SALE

\_\_\_\_\_ ASSIGNEE'S SALE

\_\_\_\_\_ Any other sale in the foregoing category indicating that upon disposal of stock of goods on hand, the business will cease and will be discontinued at the premises where the sale is conducted.

\_\_\_\_\_ REMOVAL SALE. (In a removal sale, upon disposal of the stock of goods on hand, the business will cease and be discontinued at the premises where the sale is conducted, and thereafter, will be moved to and occupy another location.)

\*\*\*\*\*

The undersigned hereby makes application for a license to conduct a sale of goods under the descriptive name(s) checked above in accordance with an Act of the General Assembly of the State of Illinois, approved July 23, 1959, entitled: "An act to regulate the sale representation and advertising of goods, wares and merchandise, to prevent the fraudulent sale thereof, to provide penalties therefor, and to repeal Acts herein names."

And first being duly sworn upon oath, I make the following statement:

**Name of Applicant:** \_\_\_\_\_  
(Applicant must be the owner of the goods. If a partnership, must be one of the partners. If a Corporation, must be an officer thereof.)

**Title or Capacity of Applicant:** \_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_

**Name and Type of Sale:** \_\_\_\_\_

**Address Where Sale will be Conducted:** \_\_\_\_\_

**Dates When Sale will be Conducted:** \_\_\_\_\_

**Names and Addresses of Persons who will be in charge of and responsible for conduct of sale:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statement of Necessity for Sale:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### **GOING OUT OF BUSINESS SALE**

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If application is for Going Out of Business, Closing Out, Liquidation, Lost Our Lease, Forced to Vacate or any other type of sale indicative of a "going out of business sale", will the business cease and be discontinued at the premises where the sale is conducted upon terminations of the sale? ☐ YES ☐ NO

If application is for a Removal Sale will the business cease and be discontinued at the premises where the sale is conducted upon terminations of the sale? ☐ YES ☐ NO

If application is for a Removal Sale, where will business be moved upon termination of sale? \_\_\_\_\_

If application is for a Damaged Goods Sale:

When were the goods damaged? \_\_\_\_\_

Where were the goods damaged? \_\_\_\_\_

What was the cause of the damage? \_\_\_\_\_

Has a sale of goods under one of the descriptive names set forth on Page 1 of this application been conducted on the same premises within the last year, other than an Insurance, Salvage or Damaged Goods Sale? ☐ YES ☐ NO

Attach, marked as Exhibit A, an Inventory containing the following information: (1) Item; (2) Quantity; (3) Make and Brand Name (if unmarked, indicate manufacturer); (4) Unit Cost Price; (5) From Whom Purchased, name, and address; (6) Date of Purchase; (7) Date of Delivery; (8) Total Value at Cost. **Enter here Total Value at Cost from Separate Inventory:**

A: \$ \_\_\_\_\_

Attach, marked as Exhibit B, a separate inventory of goods purchased within 60 days immediately prior to date of application for license. **Enter here Total Value at Cost from Separate Inventory:**

B: \$ \_\_\_\_\_

No goods will be added to the attached inventory after the date of application or during the sale. These inventories contain no goods received on consignment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*  
Subscribed & sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

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### **GOING OUT OF BUSINESS SALE — EXTENSION**

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**TERM OF EXTENSION:** \_\_\_\_\_

Attach, marked as Exhibit A, an Inventory containing the following information: (1) Item; (2) Quantity; (3) Make and Brand Name (if unmarked, indicate manufacturer); (4) Unit Cost Price; (5) From Whom Purchased, name, and address; (6) Date of Purchase; (7) Date of Delivery; (8) Total Value at Cost.

Enter here Total Value at Cost from Separate Inventory A: \$ \_\_\_\_\_

Attach, marked as Exhibit B, a separate inventory of goods purchased within 60 days immediately prior to date of application for license.

Enter here Total Value at Cost from Separate Inventory B: \$ \_\_\_\_\_

No goods will be added to the attached inventory after the date of application or during the sale. These inventories contain no goods received on consignment.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

Subscribed & sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
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