



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

Fax: (618) 463-3520

Website: www.cityofaltonil.gov

WHAT YOU SHOULD KNOW ABOUT GOING OUT OF BUSINESS SALE

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 RAMIFICATRIONS OF THE FAILURE TO COMPLY.

Signature of Applicant: _____ Date: _____

Subscribed & sworn to before me this _____ day of _____ 20____.

NOTARY PUBLIC



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

- | | |
|---|---|
| <input type="checkbox"/> GOING OUT OF BUSINESS SALE | <input type="checkbox"/> 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. |
| <input type="checkbox"/> CLOSING OUT SALE | |
| <input type="checkbox"/> LIQUIDATION SALE | |
| <input type="checkbox"/> LOST OUR LEASE SALE | |
| <input type="checkbox"/> FORCED TO VACATE SALE | |
| <input type="checkbox"/> FIRE DAMAGED SALE | |
| <input type="checkbox"/> SMOKE DAMAGED SALE | <input type="checkbox"/> 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.) |
| <input type="checkbox"/> WATER DAMAGED SALE | |
| <input type="checkbox"/> INSURANCE SALE | |
| <input type="checkbox"/> SALVAGE SALE | |
| <input type="checkbox"/> CREDITOR'S SALE | |
| <input type="checkbox"/> INSOLVENT'S SALE | |
| <input type="checkbox"/> ASSIGNEE'S SALE | |

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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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

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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