

**CITY OF HILLSDALE
APPLICATION FOR SALES LICENSE**

Applicant Name: _____

Applicant Address: _____

Person Filing Application: _____

Position: _____

Type of Sale:

Bankruptcy _____

Mortgage _____

Removal or Going Out of Business _____

Sale of Goods Damaged by Fire, Water, Smoke _____

Other _____

Address of Sale: _____

Dates and Time Period of Sale: _____

Person in Charge of Sale: _____

Address: _____

Explanation of Occasion for Sale: _____

*** Attach full, detailed and complete inventory of goods that are to be sold, which inventory shall:**

1. Itemize the goods to be sold and contain sufficient information concerning each item, including make and brand name, if any, to clearly identify it.

2. List separately any items which were purchased during a 60-day period immediately prior to the date of making application for the license.

3. Show 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 the applicant and the total value of the inventory cost.

4. In no case exceed 200% of the total value of merchandise upon which personal property tax was paid by the applicant of his predecessor as evidenced by a copy of the last personal property tax receipt issued.

If the application is for a license to conduct a going out of business sale, I certify that the business will be discontinued at the premises where the sale is to be conducted upon termination of sale, and that I will comply with Sec. 442.221 (conduct of sales; purchase of goods prior to sale prohibited; evidence) Sec. 422.222 (conduct of sales; addition of goods during sale; false description or inventory prohibited.) Said sections being part of Act 39, 1961 P38: Eff. Sept.3, State of Michigan.

I verify 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 of Applicant _____

Date _____

Application approved _____ Date _____
City Clerk

License Granted/Refused Date _____