



CLOSING OUT, REMOVAL, FIRE, OR LIQUIDATION SALE

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

FEE: \$50.00 (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.

PLEASE COMPLETE APPLICATION IN FULL

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: _____

SEND CORRESPONDENCE BY: **EMAIL:** _____ **MAIL ONLY**

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 <input type="checkbox"/>	Paper License <input type="checkbox"/> (Issue 2 licenses - one to be displayed on door)
LICENSE EXPIRES:	_____	FEE \$ 50.00
CLOSING OUT, REMOVAL, FIRE OR LIQUIDATION SALE LICENSE NO.	_____	Renewal(s)*: 1) _____ 2) _____
* this license can be renewed twice for 30 days each		
<input type="checkbox"/> PAID <input type="checkbox"/> OTC <input type="checkbox"/> MAIL		

Preferred Mailing Address: Business Address Applicant Address ATTN: _____
 Other: _____
street city state zip

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 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

No goods will be added to stock after listing inventory (submitted with this completed application). I certify that all statements on this application are true. I understand that any false information may result in the revoking of this license.

STOP! Sign only in front of a Notary: Signature: _____
Print Name: _____ *

Subscribed and sworn to me 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" (Notarized above)

* In accordance with the Warren Code of Ordinances mandated in Section 18-9: No license shall be issued or renewed under the provisions of this chapter or any other ordinance of the city until any and all personal property taxes, levied and assessed against such person by the city which may be due and payable at the time of the filing of the application for such license, shall have been paid (Applies to Warren businesses only) / THIS LICENSE IS NOT TRANSFERABLE & NON-REFUNDABLE

* Note: New dwelling or new owner must obtain a new Certificate of Compliance from the Building Department