

# APPLICATION FOR SALE

(According to the provisions of Act 39 of the Public Act of 1961)

Going out of Business, Insurance Bankruptcy, Mortgage, Insolvent, Assignee's Executor's, Administrator's Receiver's, Trustee's, Removal, Closing out, and sale of goods, wares and merchandise damaged by fire, smoke, water or otherwise.

Date \_\_\_\_\_, 20\_\_\_\_

Original \_\_\_\_\_

1<sup>st</sup> Renewal \_\_\_\_\_

2<sup>nd</sup> Renewal \_\_\_\_\_

Each is issued for 30 days only. Fee for each 30-day period is \$50.00. No extensions permitted after second renewal.

**NOTE:** The sale for which an original license is issued and any renewal thereof permitted under the act, shall be considered as one sale.

NAME OF BUSINESS: \_\_\_\_\_

Sale will be conducted at \_\_\_\_\_

Individual \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ Firm \_\_\_\_ Association \_\_\_\_

Length of time applicant has been in business at this location \_\_\_\_\_

Person filing application \_\_\_\_\_, Title \_\_\_\_\_

Owner of goods to be sold \_\_\_\_\_

Sale will be conducted in the following manner \_\_\_\_\_

Will any signs be used? Yes \_\_\_\_ No \_\_\_\_ List locations \_\_\_\_\_

Sale will start on \_\_\_\_\_, 20\_\_\_\_ and continue until \_\_\_\_\_, 20\_\_\_\_

from \_\_\_\_\_ am/pm until \_\_\_\_\_ am/pm.

Name & address of person who will be in charge and responsible for the conduct of the sale \_\_\_\_\_

Reason for Sale \_\_\_\_\_

Type of Sale: Closing out \_\_\_\_ Liquidation \_\_\_\_ Lost our Lease \_\_\_\_ Forced to Vacate \_\_\_\_

Going out of Business \_\_\_\_ Other \_\_\_\_

## Describe Inventory of goods to be sold attached to this application

**NOTE:** THE STATE LAW, ACT 39 OF THE PUBLIC OF 1961, REQUIRES THAT THE INVENTORY INCLUDE:

- (1) Itemized list of goods to be sold, describe with the make and brand, if any, sufficient for clear identification
- (2) Separate list of goods, purchased 60 days or less immediately prior to the date of this application.
- (3) Cost price of each item, name and address of the source, date of purchase, and delivery date.

**TOTAL VALUE OF INVENTORY AT COST \$** \_\_\_\_\_

STATEMENT OF APPLICANT

(Cross out statements not applicable)

Removal sale – This business will be discontinued at these premises when the sale is terminated and will be established at \_\_\_\_\_

Fire, smoke, and water sale - The damage to the goods to be sold was caused by:

Cause	Location	Time
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Going out of business sale - This business will be discontinued at this premises when the sale is terminated.

No goods will be added to the inventory after this application is filed or after the sale is started.

None of the goods on the inventory attached hereto was received on consignment.

STATE OF MICHIGAN)

SS

COUNTY OF SAGINAW)

I hereby swear or affirm that the information contained in this application and the foregoing statements are true.

\_\_\_\_\_  
Signature and title of applicant

\_\_\_\_\_  
Address of applicant and telephone no.

Subscribed and sworn before me, a notary public in and for Saginaw County,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

Inventory of goods purchased 60 days or less prior to the date of the application:

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Attached list MUST include the following:

Name

Item

Make

Brand

Name and address of seller

Purchased date

Delivered date

Cost

If you have not purchased any goods as indicated in the heading of this sheet, mark "None".