GOING OUT OF BUSINESS APPLICATION

OWNER OF BUSINESS ____
OWNER'S ADDRESS ____
OWNER'S TELEPHONE NUMBER ____
NAME OF BUSINESS ____
LOCATION OF BUSINESS ____
BUSINESS TELEPHONE NUMBER ____
LENGTH OF TIME AT THIS ADDRESS ______________________________________
DO YOU OWN, LEASE, OR SUBLEASE THIS PROPERTY? ___________________
WHAT IS THE EXPIRATION DATE OF LEASE OR SUBLEASE?________________
OR, IF THE PROPERTY HAS BEEN SOLD, WHAT IS THE EFFECTIVE DATE OF THE SALE?
____

TYPE OF SALE: _____ GOING OUT OF BUSINESS _____ SURVIVOR'S SALE
_____ MOVING SALE _____ FIRE/ALTERED GOODS

LOCATION OF SALE: ____
IF THIS IS A FIRE OR AN ALTERED STOCK SALE, WHERE DID THE GOODS COME FROM OR FROM WHOM WERE THE GOODS PURCHASED? ___________
____

DATE OF SALE: BEGINNING _____________________ ENDING ______________
HOURS DURING WHICH SALE WILL BE CONDUCTED _____________________
WILLTHE SALE BE ADVERTISED? ________ IF SO, HOW? ___________________
____

ATTACHMENTS: 1. A FULL AND COMPLETE STATEMENT OF THE FACTS IN REGARD TO THIS SALE, INCLUDING THE REASON FOR THE URGENT AND EXPEDITIOUS DISPOSAL OF GOODS THEREBY AND THE MANNER IN WHICH THE SALE WILL BE CONDUCTED.

2. THE MEANS TO BE EMPLOYED IN ADVERTISING SUCH SALE TOGETHER WITH PROPOSED CONTENT OF ANY ADVERTISEMENT.

3. A COMPLETE AND DETAILED INVENTORY OF THE GOODS TO BE SOLD AT SUCH SALE AS DISCLOSED BY THE APPLICANT'S RECORDS. SUCH INVENTORY SHALL BE ATTACHED TO AND BECOME PART OF THIS APPLICATION. SUCH SHALL ALSO INCLUDE THE PRICE OF THE GOODS AND THE DATES OF PURCHASE BY THE APPLICANT.

YEARS THIS BUSINESS HAS BEEN OPERATED BY PRESENT OWNER_________
HAS THE OWNER HELD A GOING OUT OF BUSINESS, MOVING, OR FIRE ALTERED STOCK SALE WITHIN THE LAST 6 MONTHS? ____________________
I CERTIFY THE ABOVE AND ATTACHED INFORMATION TO BE TRUE AND CORRECT. I HAVE RECEIVED A COPY OF CHAPTER 119 OF THE CODE OF ORDINANCES OF THE CITY OF BOWLING GREEN, OHIO.

___________________________________ ______________________________
SIGNATURE OF APPLICANT TITLE

___________________________________ ______________________________
COMPANY NAME DATE

___________________________________ ______________________________
ADDRESS TELEPHONE NUMBER

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OFFICE USE ONLY

DATE FILED _______________FEE__________ DATE APPROVED_____________
DATE DENIED______________BY____
PLANNING DIRECTOR

THIS LICENSE IS VALID FOR THE 30 DAY PERIOD
BEGINNING ________________________ ENDING ___________________________
RENEWAL: VALID FOR THE 15 DAY PERIOD BEGINNING___________________
ENDING _____________________

___________________________________ ______________________________
PLANNING DIRECTOR RENEWAL APPROVAL DATE