



Dear Applicant:

**Subject: Application for Going Out of Business Sale**

Enclosed is an Application for a Going Out of Business Sale Permit which must be completed in its entirety in order to obtain a permit for a going out of business sale. Please familiarize yourself with, and adhere to the State of Michigan Law, Act 39 of the Public Acts of 1961, which can be viewed in its entirety at [http://www.legislature.mi.gov/\(S\(kmfjlu55imjvkfn5ltitbl45\)\)/mileg.aspx?page=getobject&objectname=mcl-Act-39-of-1961&query=on&highlight=Act%20AND%2039](http://www.legislature.mi.gov/(S(kmfjlu55imjvkfn5ltitbl45))/mileg.aspx?page=getobject&objectname=mcl-Act-39-of-1961&query=on&highlight=Act%20AND%2039).

When submitting your application, please include the following:

- 1). \$50.00 Application Fee for each 30 day period – up to two extensions permitted
- 2). Inventory of the goods to be sold, including the total value

Please note that a copy of the goods on the inventory submitted with your application must be posted on the premises on which the sale is to be conducted. This inventory need not show the value. In addition, by completing this application, you are acknowledging that the business indicated will be discontinued on the stated premises when the sale of inventory is terminated.

Once your request has been approved, the City Clerk's Office will issue you a formal ***Going Out of Business Sale Permit***.

We hope this information is helpful! Should you have any questions, please feel free to contact anyone in the City Clerk's Office at (231) 922-4480 or contact Kim Lautner, Registration/Licensing Clerk at [klautner@traversecitymi.gov](mailto:klautner@traversecitymi.gov).

Most Sincerely,

A handwritten signature in blue ink, appearing to read "Benjamin C. Marentette".

Benjamin C. Marentette, CMC  
City Clerk



**APPLICATION**  
**GOING OUT OF BUSINESS SALE**  
(MCLA 442.101)

*Going out of Business, Insurance, Bankruptcy, Mortgage, Insolvent, Assignees, Executors, Administrators, Receivers, Trustees, Removal, Closing Out, and sales of goods, wares, and Merchandise damaged by fire, smoke, water or otherwise.*

Original \_\_\_\_\_ 1<sup>st</sup> Renewal \_\_\_\_\_ 2<sup>nd</sup> Renewal \_\_\_\_\_  
(Each is used for 30 days only. Fee for each day period is \$50. No extensions permitted after 2<sup>nd</sup> renewal.)

Name of Business: \_\_\_\_\_

Owner of Business: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

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

Length of time in business at this location: \_\_\_\_ year(s) \_\_\_\_ months

Person Filing the Application & Position: \_\_\_\_\_

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

Sale will be started: \_\_\_\_\_ and continued until: \_\_\_\_\_

Name and address of person who will be in charge of and responsible for the conduct of the sale:

\_\_\_\_\_ Phone No. \_\_\_\_\_

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

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

Going out of Business \_\_\_\_ Other, please describe \_\_\_\_\_

Total value of inventory at cost: \$ \_\_\_\_\_ (Please attach an inventory of goods)

*The State Law, Act 39 of the Public Acts of 1961, requires that the inventory include;*

- 1. Itemized list of goods to be sold, described with make and brand name, 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 source, date of purchase, and delivery date.*

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

*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. A copy of the inventory submitted with this application must be posted on the premises on which the sale is to be conducted. This inventory need not show the cost price.*

**STATEMENT OF APPLICANT  
(CROSS OUT STATEMENTS NOT APPLICABLE)**

Removal Sale - This business will be discontinued at the premises when the sale is terminated and will be established at:

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Fire, Smoke, Water Sale - The damage to the goods to be sold was caused by:

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CAUSE	LOCATION	TIME
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Going Out of Business Sale - This business will be discontinued at the premises when the sale is terminated.

Additional Information: \_\_\_\_\_

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**The applicant acknowledges that the City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.**

State of Michigan                    )  
  ) ss.  
County of Grand Traverse        )

I, \_\_\_\_\_, being duly sworn, depose and say that the information contained in this application and the foregoing statement are true.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_, Notary Public  
County of \_\_\_\_\_, State of Michigan  
My Commission Expires:  
Acting in the County of \_\_\_\_\_