



# Going Out of Business Sale Application

## INSTRUCTIONS

**CITY CLERK'S OFFICE WILL NOT ACCEPT INCOMPLETE APPLICATIONS**

### **STEP I. APPLICANT:**

- Submit the **completed** and **notarized** Application for Going Out of Business Sale License (**TYPED OR PRINTED**) to the City Clerk's Office with the following:
  - Inventory of merchandise on CD
  - Check payable to City of Troy

### **STEP II. APPLICANT/CITY CLERK'S OFFICE:**

- Review accuracy of completed application
- Process application fee; give receipt to applicant
- Print second copy of receipt; paperclip to application
- Inform applicant that processing time is approximately 3 weeks

### **STEP III. CITY CLERK'S OFFICE:**

- Route application packet electronically for approval/denial
- Print license; mail to contact listed on application



CITY OF TROY | CITY CLERK'S OFFICE | 500 WEST BIG BEAVER | TROY, MI 48084  
248.524.3316 | FAX: 248.524.1770 | E-MAIL: [CLERK@TROYMI.GOV](mailto:CLERK@TROYMI.GOV)

# Going Out of Business Sale Application

Application for License to Conduct Sale in Accordance with Terms of Public Act 39 of 1961 – State of Michigan

**FEE: \$50.00 PER 30-DAY PERIOD**  
MAKE CHECK PAYABLE TO CITY OF TROY

Original 30-Days                       1<sup>st</sup> 30-Day Renewal                       2<sup>nd</sup> 30-Day Renewal

Date \_\_\_\_\_

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Individual                       Partnership                       Corporation                       Firm                       Association

PERSON IN CHARGE OF AND RESPONSIBLE FOR THIS SALE. Please complete.

Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number w/ Ext. \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

## GOING OUT OF BUSINESS SALE INFORMATION

Owner of Goods to be Sold \_\_\_\_\_

Address of GOB Sale \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

How will the sale be advertised? \_\_\_\_\_

Proposed Date Beginning  
Going Out of Business Sale \_\_\_\_\_

## MERCHANDISE CURRENTLY ON ORDER - USE ADDITIONAL SHEETS IF NECESSARY

Date Ordered	Vendor's Name	Goods Ordered	Unit Cost



CITY OF TROY | CITY CLERK'S OFFICE | 500 WEST BIG BEAVER | TROY, MI 48084  
 248.524.3316 | FAX: 248.524.1770 | E-MAIL: [CLERK@TROYMI.GOV](mailto:CLERK@TROYMI.GOV)

# Going Out of Business Sale Application

## STATEMENT OF APPLICANT

(Initial in Box(es) for All Statements that Apply)

<input type="checkbox"/>	Going Out of Business Sale:	This business will be discontinued at these premises when the sale is terminated.
<input type="checkbox"/>	Removal Sale:	This business will be discontinued at these premises when the sale is terminated and will be established at: _____
<input type="checkbox"/>	Fire, Smoke, Water Sale:	The damage to the goods to be sold was caused by _____
<input type="checkbox"/>	No goods will be added to the inventory after this application is filed or after the sale is started.	
<input type="checkbox"/>	None of the goods on the inventory attached hereto were received on consignment.	

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

(APPLICANT'S SIGNATURE MUST BE NOTARIZED)

\_\_\_\_\_ Signature and Title of Applicant

STATE OF \_\_\_\_\_ )  
 ) ss  
 COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me, a Notary Public in and for \_\_\_\_\_ County in the State of Michigan on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_,

NOTARY STAMP AND SEAL IN THIS AREA

\_\_\_\_\_ Signature of Notary Public  
 My Commission Expires \_\_\_\_\_

### REQUIRED ATTACHMENTS

*Inventory Attached Must be on CD*

### Approval of this application is determined by the following departments

*Assessing, Building, Fire, Police, Treasurer*

For more information, please refer to:

- [Public Act 39 of 1961 - State of Michigan](#)