

CITY OF ROCK ISLAND
LICENSE APPLICATION



GOING OUT OF BUSINESS SALE

APPLICANT INFORMATION

BUSINESS NAME AS REGISTERED	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.				

OWNER'S NAME (must be owner of goods being sold)	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NO.				

Date (s) of Sale: from _____ through _____
(Note: State Statute limits the length of such sale to sixty days.)

Style of Sale: _____

Time of Sale: from _____ am/pm to _____ am/pm

Days of Sale: (check all that apply) Sun Mon Tue Wed Thur Fri Sat

Reason for Sale: _____

Explanation with regard to the condition or necessity for such sale, including a statement of the descriptive name of the sale and reasons why such name is truthfully descriptive of the sale. If "Going Out of Business" sale, a statement that the business will be discontinued at the premises where the sale is to be conducted upon termination of the sale must be attached.

Sale Location – if not at business address above: _____

Sale Merchandise is: New _____ Used _____

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Name and addresses of persons in charge of/responsible for sale of this merchandise:

_____	_____
_____	_____
_____	_____

A full, detailed and complete inventory of the goods that are to be sold, itemization of the goods to be sold, and sufficient information concerning each item, including make and brand name; separate list of any goods which were purchased during a 60-day period immediately prior to the date of making application for the license; cost price of each item in the inventory together with the name and address of the seller of the item to the applicant, date of the purchase, date of the delivery of the item to the applicant, and the total value of the inventory at cost.

**Return Completed application and additional documents to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL. 61201
(309) 732-2010**

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Please read and sign this statement in front of a Notary Public.

I, _____, agree 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. I have in the past maintained a place of business within the jurisdiction of the City of Rock Island for not less than four months prior to the time of making application for such license. (This does not apply to an heir, legatee or surviving joint tenant, an executor, administrator, trustee or guardian, or pursuant to an order or process of a court of competent jurisdiction.)

WARNING TO APPLICANT: THIS APPLICATION MUST BE FULLY AND ACCURATELY COMPLETED. FALSE OR MISLEADING STATEMENTS MAY SUBJECT APPLICANT TO THE PENALTIES OF PERJURY IN ADDITION TO OTHER PENALTIES PROVIDED BY LAW.

Printed Name

Signature

Date of Signature

I, being a Notary Public, witnessed the above signature of _____

on the date of _____.

Signature

Date

Notary Seal