

**CHARTER TOWNSHIP OF COMMERCE
PERMIT APPLICATION TO CONDUCT
"SPECIAL SALE/GOING OUT OF BUSINESS SALE/REMOVAL SALE"
(FEE: \$50.00)**

PLEASE PRINT

INDIVIDUAL PARTNERSHIP CORPORATION

Name: _____ Address: _____
Title: _____
Home Phone: _____
Office Phone: _____
Mobile Phone: _____

Name of Business: _____ Location: _____

WILL SALE TAKE PLACE AT BUSINESS LOCATION? YES NO
IF NO, STATE LOCATION: _____

TYPE OF SALE: BANKRUPTCY MORTGAGE GOING OUT OF BUSINESS
 GOODS DAMAGED BY FIRE, SMOKE, WATER OR OTHERWISE
 OTHER, EXPLAIN: _____

DATES SALE WILL BE CONDUCTED: From: _____ To: _____
TIMES SALE WILL BE CONDUCTED: From: _____ To: _____

PERSON WHO WILL BE IN CHARGE AND WHO WILL BE RESPONSIBLE FOR THE
CONDUCT OF THE SALE:

Name: _____ Address: _____
Phone: _____

EXPLAIN THE CONDITIONS OR NECESSITY WHICH IS THE OCCASION OF SALE:

IF THE SALE IS A "GOING OUT OF BUSINESS SALE," THEN THE BUSINESS WILL BE DISCONTINUED AT THE PREMISES WHERE THE SALE IS TO BE CONDUCTED UPON TERMINATION OF THE SALE.

IF THE APPLICATION IS FOR A "REMOVAL SALE," THEN THE BUSINESS WILL BE DISCONTINUED AT THE PREMISES WHERE THE SALE IS TO BE CONDUCTED UPON TERMINATION OF THE SALE.

IF A "REMOVAL SALE" TO WHAT ADDRESS IS THE BUSINESS BEING MOVED?

IF REQUESTING A PERMIT TO CONDUCT A SALE OF GOODS DAMAGED BY FIRE, SMOKE, WATER, ETC., PROVIDE THE FOLLOWING:

Cause of Damage: _____ Time: _____

Location: _____

PLEASE PROVIDE THE FOLLOWING ON A SEPARATE SHEET OF PAPER AND ATTACH TO APPLICATION:

1. Full, detailed and complete inventory of the goods to be sold, including:
 - a. Itemized list of goods and sufficient information concerning each item including make and brand names;
 - b. Any goods purchased during a 60-day period immediately prior to the date of making application for permit; and
 - c. Cost price of each item in inventory together with name and address of seller of the items to applicant, date of purchase, date of delivery and total value of inventory at cost.
 - d. The name and address of all persons having a security interest in the goods to be sold, and the location of any financing statement evidencing the security interest.

I HEREBY AFFIRM THAT THE ABOVE INFORMATION AND ATTACHED INVENTORY SHEET IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. FURTHER, I AFFIRM THAT NO GOODS WILL BE ADDED TO THE INVENTORY AFTER THIS APPLICATION IS SUBMITTED TO THE TOWNSHIP CLERK OR DURING THE SALE, THAT THE INVENTORY CONTAINS NO GOODS ON CONSIGNMENT AND THERE ARE NO PERSONAL PROPERTY TAXES ON THE INVENTORIED GOODS.

Date

Signature

Title

THIS SECTION TO BE COMPLETED BY TOWNSHIP OFFICIAL

Fee: \$50.00
Date Paid: _____
Receipt No.: _____

Approval: _____
Disapproval: _____
Permit No.: _____

Permit Expiration Date: _____

Type of Special Sale: _____

Personal Property Taxes have have not been paid.

Date

Township Treasurer

Date

Township Clerk

APPLICANT MUST POST ON SALES PREMISES:

1. COPY OF APPLICATION
2. INVENTORY SHEET
3. PERMIT (FRONT DOOR)