

APPLICATION INFORMATION

Submit application to: City of Port Huron Clerk's Office, 100 McMorran Boulevard, Port Huron, Michigan 48060
Phone: 810-984-9725 ▪ Fax #: 810-982-7872 ▪ www.porthuron.org

Original filing First renewal Second renewal

(Sales may be for a 30-day period; 3 sales maximum; \$50 fee per sale or sale renewal).

APPLICANT INFORMATION (Applicant MUST be the owner of the goods to be sold)

Applicant's Name: _____ Phone #: _____

Applicant's title with business: _____

Applicant's Address: _____

City/State/Zip: _____

BUSINESS INFORMATION

Business Name: _____ Business Phone #: _____

Business Address: _____

Business Type: Individual Partnership Corporation Firm Association Other: _____

SALE INFORMATION

Types of sales include: Going out of business, insurance, bankruptcy, mortgage, insolvent, assignee's, executor's, administrator's, receiver's, trustee's removal, closing out, lost our lease, forced to vacate, and sale of goods, wares and merchandise damaged by fire, smoke, water or otherwise. *Any sale indicating a belief that upon disposal of the stock of goods on hand, the business will cease and discontinue at the premises where the sale was conducted.*

Type of sale: _____

Sale start date: _____ Sale end date: _____

Descriptive name of sale (must explain why name is truthfully descriptive of the sale): _____

Address of where sale will be conducted: _____

Explanation as to condition/necessity for the sale (use additional sheets if necessary): _____

PERSON(S) IN CHARGE OF AND/OR RESPONSIBLE FOR CONDUCTING SALE

Name: _____ Contact #: _____

Address: _____

STATEMENT OF APPLICANT (check all statements that may apply)

- Going out of business sale: I am making application for a license to conduct a going out of business sale. Business will be discontinued at the premises when the sale is terminated.
- Removal sale: This business will be discontinued at these premises when the sale is terminated and will be established at: _____
- Fire, smoke, water, other sale: The time, location and cause of the damage to the goods to be sold is as follows: _____

- No goods will be added to the inventory after this application is filed or after the sale is started.
- No goods on the inventory attached hereto were received on consignment.
- Applicant has included the following with his/her application:
 1. Completed application
 2. Complete and detailed inventory/update of goods to be sold or recently acquired
 3. \$50 application fee (required for initial period and each renewal)

OATH OF APPLICANT (must be applicant NOT person responsible or in charge of sale)

State of Michigan)
))
County of _____)

I hereby affirm that I am fully aware of all of the provisions and requirements outlined in State of Michigan Public Act 39 of 1961 and that the above information is complete and correct to the best of my knowledge and belief. *Any person making a false statement in the application is guilty of perjury and shall be imprisoned in the state prison for not more than five years.*

Applicant's signature: _____

Subscribed and sworn to before me, a notary public, this _____ day of _____, 20_____.

_____, Notary Public
Acting in _____ County, Michigan
My commission expires: _____

Below for Office Use Only

Attachments:

- _____ Application Date: _____
- _____ \$50 fee
- _____ Inventory/update of goods to be sold

Check one:

- _____ Original sale
- _____ First renewal period
- _____ Second renewal period

Approved by

Date

Treasurer: _____

City Clerk: _____

If not approved, date of denial: _____