



# City of GRAND HAVEN, MICHIGAN

## APPLICATION FOR GOING OUT OF BUSINESS SALE

*Going Out of Business, Insurance, Bankruptcy, Mortgage, Insolvent, Assignee, Executor, Administrator, Receiver, Trustee, Removal, Closing Out, and sales of goods, wares and merchandise damaged by fire, smoke, water or otherwise. Each is issued for 30 days only. Fee for each 30 day period \$50. No extensions permitted after second renewal.*

**Please return application to:** City of Grand Haven Clerk's Office  
519 Washington Avenue  
Grand Haven, MI 49417  
[www.grandhaven.org](http://www.grandhaven.org)  
Phone: 616-847-4886  
Fax: 616-842-0648

Fee: \$50

Date: \_\_\_\_\_

9 Original

9 1<sup>st</sup> Renewal

9 2<sup>nd</sup> Renewal

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

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

9 Individual            9 Partnership            9 Corporation            9 Firm            9 Association

Length of time applicant has been in business at this location: \_\_\_\_\_ years \_\_\_\_\_ months

Person filing application: \_\_\_\_\_ Title: \_\_\_\_\_

Owner of goods to be sold: \_\_\_\_\_

Sale will be conducted in the following manner: \_\_\_\_\_

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

Sale will be started \_\_\_\_\_, 20\_\_\_\_ and continue until \_\_\_\_\_, 20\_\_\_\_

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

\_\_\_\_\_ Phone \_\_\_\_\_

Reason for sale \_\_\_\_\_

Type of Sales:        9 Closing Out        9 Liquidation        9 Lost Our Lease        9 Forced to Vacate

9 Going Out of Business        9 Other; describe: \_\_\_\_\_

9 Inventory of good to be sold attached to this application.

Total value of Inventory at cost: \$ \_\_\_\_\_

*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 prices.*

Clerk's Use Only			
<input type="checkbox"/>	Application Received _____ (Date)	<input type="checkbox"/>	Application Fee Received _____ (Date)
<input type="checkbox"/>	Approved _____ (Date)	<input type="checkbox"/>	Inventory of Goods _____ (Date)
<input type="checkbox"/>	Denied _____ (Date)		

# GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

525 Washington Avenue • Grand Haven, MI 49417  
Office 616.842.3460 • Fax 616.847.6050

## VOLUNTARY LAW ENFORCEMENT RECORDS CHECK

**I am making application as indicated below for the purpose of operating a business or other enterprise within the City of Grand Haven. I understand that my application requires a check of local and/or nationwide law enforcement and driving records. My signature represents a request to the Grand Haven Department of Public Safety to perform the law enforcement records check indicated.**

- Auction/Auctioneer - Local Records Check Waiver
- Bed & Breakfast - Complete Criminal History & **Driving Record Check**
- Building Mover (Yearly) License - Local Records Check Waiver
- Building Wrecker (Yearly) License - Local Records Check Waiver
- General Permit Application - Local Records Check Waiver
- Going Out of Business Sale Application - Local Records Check Waiver
- Junk Dealer License - Complete Criminal History & **Driving Record Check**
- Metal Detectors License - Local Records Check Waiver
- Pedicab Business License - Local Records Check Waiver
- Pedicab Operators License - Local Records Check Waiver
- Permanent Vendor Application – Complete Criminal History & **Driving Record Check**
- Precious Metal & Gem Dealer Registration – Complete Criminal History
- Solicitors & Transient Merchants License - Complete Criminal History & **Driving Record Check**
- Sound Truck (Use General Permit Application) - Local Records Check Waiver
- Taxicab Business License - Complete Criminal History & **Driving Record Check**
- Taxicab Driver's License - Complete Criminal History & **Driving Record Check**
- Taxicab Additional Vehicle to Existing License – Vehicle Inspection

### WAIVER OF LIABILITY AND RELEASE OF CLAIMS

I authorize the **GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY** to query and release law enforcement and driving records from all sources. I release and forever discharge the City of Grand Haven and its agents, officers, and employees from any and all actions, claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me in the nature of libel, slander, invasion of privacy or other results from errors or omissions in the information given or from the use of the information, whether by reason or unauthorized use, negligence or otherwise.



**PLEASE PRINT:**

**Name:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Maiden/Alias)

**Address:**

\_\_\_\_\_  
(Address, City, State, Zip)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**If a Driving Record Check is indicated, a copy of the applicants license is required**

**Phone Number:** \_\_\_\_\_

**Signature:** X \_\_\_\_\_

\_\_\_\_\_ No records were found identified with the above individual.

\_\_\_\_\_ The records check did disclose information for the individual named above:

<u>Date of Event</u>	<u>Complaint Number</u>	<u>Charge</u>

**Records Check Completed by:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Years Included with Check:** \_\_\_\_\_