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 Clerks Office
519 Washington Avenue
Grand Haven, MI 49417
www.grandhaven.org
Phone: 616-847-4886
Fax: 616-842-0648

Fee: $50
Date: ______________________________

Original 1st Renewal 2nd 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

□ Application Received __________ (Date)  □ Application Fee Received __________ (Date)
□ Approved __________ (Date)  □ Inventory of Goods __________ (Date)
□ Denied __________ (Date)
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.

LAW ENFORCEMENT BACKGROUND 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 criminal 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 – Michigan ICHAT & Local Records Check
☐ Bed & Breakfast – Michigan ICHAT & Local Records Check
☐ Building Mover (Yearly) License - Local Records Check
☐ Building Wrecker (Yearly) License - Local Records Check
☐ General Permit Application - Local Records Check
☐ Going Out of Business Sale Application - Local Records Check
☐ Horse Drawn Carriage Business License – Michigan ICHAT & Local Records Check
☐ Horse Drawn Carriage Operators License – Michigan ICHAT & Local Records Check
☐ Junk Dealer License - Michigan ICHAT & Local Records Check
☐ Medical Marihuana Facilities - Michigan ICHAT & Local Records Check
☐ Metal Detectors License - Michigan ICHAT & Local Records Check
☐ Pedicab Business License - Local Records Check
☐ Pedicab Operators License - Michigan ICHAT & Local Records Check
☐ Permanent Liquor License – Michigan ICHAT & Local Records Check
☐ Permanent Vendor Application – Michigan ICHAT and Local Records Check
☐ Precious Metals/Gem License – Michigan ICHAT and Local Records Check
☐ Solicitors & Transient Merchants License – Michigan ICHAT & Local Records Check
☐ Sound Truck (Use General Permit Application) - Local Records Check

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 applicant’s license is required.

Phone Number: _______________________

Signature: X ____________________________

(FOR INTERNAL USE ONLY)

☐ Application Received ______________________ (Date)
☐ Application Fee Received ________________ (Date)
☐ Justice
☐ LERMS
☐ ICHAT
☐ Driving Record
☐ Public Site Search