



Sturgis Township

26015 W. U.S. 12

P.O. Box 6

Sturgis, MI 49091

Phone: 269-651-3676

Fax: 269-651-4666

Web: sturgistownship.org

APPLICATION FOR GOING OUT OF BUSINESS SALE or as listed below*

Including insurance, bankruptcy, mortgage, insolvent, assignee's, executor's, administrator's, receiver's, trustee's removal and closing out sales, and sales of goods, wares and merchandise damaged by fire, smoke, water or otherwise.

Permit is issued for 30 days only. Fee for each 30-day period is \$50. No extensions permitted after second renewal.

*The sale must be conducted in accordance with Public Act 39 of 1961-State of Michigan

Please return application and fee (payable to Sturgis Township)

to: **Sturgis Township Clerk** (address above)

Date: _____

Check one: Original

1st Renewal

2nd Renewal

Name of Business: _____

Address: _____

Check one: Individual

Partnership

Corporation

Firm

Association

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

Person filing application: _____ Title: _____

Owner of goods to be sold (if different than applicant): _____

Sale will be conducted in the following manner: _____

Location of sale (if different than address above): _____

Date sale will begin: _____ Date sale will conclude: _____

Person in charge of and responsible for the conduct of the sale: _____

Reason for sale: Going out of business

Closing out

Liquidation

Lost lease

Forced to vacate

Other; (describe) _____

*** An inventory of goods and values **must** be attached to or accompany 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 attached/accompanying inventory was received on consignment. A copy of the submitted inventory must be posted on the premises of the sale. Cost prices need not be shown.

(Signature)

(Title)

(Date)

Clerk's Use Only- check and date

Application/fee received _____ Inventory of goods received _____

Approved _____ Denied (reason(s)) _____