



CHARTER TOWNSHIP OF WATERFORD

CLERK'S OFFICE

5200 Civic Center Dr. • Waterford, MI 48329

Phone 248-674-6266 • Fax 248-674-5455

Web Page www.waterfordmi.gov

GOING OUT OF BUSINESS SALE APPLICATION

CLERK'S USE ONLY

Date Received: _____

Non-Refundable Application Fee \$50.00 Paid

New License Renewal (only 2 renewals are allowed)

1. Location of Business

BUSINESS NAME		BUSINESS PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP

2. Type of Sale:

- Going out of business: date of termination of the business: _____
- Fire Sale: date, time and location where goods were damaged: _____
- Moving Sale: location where the business is to be moved: _____

3. Applicant Information

NAME OF THE OWNER OF THE GOODS BEING SOLD	TITLE	PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			

4. This license will be held by

- Individual (**Attach** copy of any Assumed Name Certificate)
- Partnership (**Attach** a copy of Partnership Certificate)
- Corporation (**Attach** a copy of Articles of Incorporation)

5. Dates and period of time during which the sale is to be conducted:

Dates	Hours

6. Identify the person who will be in charge and responsible for the conduct of the sale:

NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			

7. **Attach** a full, detailed and complete inventory of the goods that are to be sold.

8. **Attach** a separate list of goods which were purchased during the 60 day period immediately prior to the date of making application for the license.

9. I, the undersigned applicant, have read and understand each and every provision and requirement of **The State of Michigan Act 39 of 1961 Sections 442.211 through 442.225** regarding the regulation of certain sales in the Township; and I will provide such other information that the Township requests and deems necessary, in its reasonable discretion, to discover the truth of the matters required to be set forth in this application or required by Township Ordinances.

I, THE UNDERSIGNED APPLICANT, HEREBY SWEAR THAT ALL OF THE STATEMENTS, ANSWERS AND INFORMATION I HAVE PROVIDED IN OR AS PART OF THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. AND I UNDERSTAND AND ACKNOWLEDGE THAT ANY FALSEHOODS OR MISREPRESENTATIONS CONTAINED IN SUCH STATEMENTS, ANSWERS OR INFORMATION CAN, AMONG OTHER THINGS, BE THE CAUSE OF A DENIAL OF THE REQUESTED LICENSE AND CAUSE FOR THE REVOCATION OF ANY LICENSE ISSUED TO THE APPLICANT UNDER CHAPTER 10 OF THE WATERFORD TOWNSHIP CODE.

DATE: _____

SIGNED: _____

PRINT NAME: _____

Note: If signer is signing on behalf of a corporation, partnership or LLC, identify the signer's position and authority to sign in such capacity.

Acknowledged before me on _____

By _____

Acting in _____ County, Michigan

Notary Public

County, Michigan

My Commission Expires: _____