



Charter Township of Marquette

1000 Commerce Drive, Marquette, Michigan 49855

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www.marquettetownship.org

Going Out of Business

Going out of Business, Insurance, Bankruptcy, Mortgage, Insolvent, Assignee's, Executor's, Administrator's, Receiver's, Trustee's, 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 \$25. No extensions permitted after second renewal.

**NOTE: This Application must be completed and submitted to the Marquette Township Offices*

**Be sure to complete ALL sections of this form. Please Print or type.*

**Application Fee of \$25.00 must be paid.*

Date: _____ Original 1st Renewal 2nd Renewal

Name of Business:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-mail Address:			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Firm <input type="checkbox"/> 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 Number _____			
Reason for Sale:			
Types of Sales: <input type="checkbox"/> Closing Out <input type="checkbox"/> Liquidation <input type="checkbox"/> Lost Our Lease <input type="checkbox"/> Forced to Vacate <input type="checkbox"/> Going Out of Business			
<input type="checkbox"/> Other; describe _____			
<input type="checkbox"/> Inventory of Goods 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.

Applicant:
I certify that the information I have provided is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Applicant's Name (print): _____

OFFICIAL USE ONLY

Official Receiving Application (please print): _____

Date: _____

Application: Approved Not Approved

Reason: Incomplete Application Other

Date: _____

Fee(s) Paid: Yes No

If Yes, Amount Paid: _____

Signature of Township Clerk: _____

Date: _____