

**APPLICATION for GOING OUT OF BUSINESS SALE
CITY of BOWLING GREEN, OHIO**

(PLEASE PRINT or TYPE INFORMATION)

Owner of Business:

Name _____

Address _____

Email Address _____

Telephone Number _____

Name of Business _____

Location of Business _____

Business telephone number _____

Length of time current owner has operated the business _____

Length of time at this address _____

Do you own, lease, or sublease this property? _____

What is the expiration date of lease or sublease? _____

or, if the property has been sold, what is the effective date of the sale?

Type of sale: Going out of business Survivor Moving or
fire/altered goods (Check one)

Location of sale: _____

If this is a fire or altered stock sale, where did the goods come from or
from whom were the goods purchased _____

Date of sale: Start _____ End _____

Hours during which will sale be conducted? _____

Has the owner held a going out of business, moving, or fire/altered
stock sale within the last 6 months? _____

Will the sale be advertised? _____ If so, how? _____

PLEASE ATTACH:

1. A full and complete statement of the facts in regard to this sale, including the reason for the urgent and expeditious disposal of goods thereby and the manner in which the sale will be conducted.
2. The means to be employed in advertising such sale together with proposed content of any advertisement.
3. A complete and detailed inventory of the goods to be sold at such sale as disclosed by the applicant's records. Such inventory shall be attached to and become part of this application. Such shall also include the price of the goods and the dates of purchase by the applicant.

**APPLICATION for GOING OUT OF BUSINESS SALE
CITY of BOWLING GREEN, OHIO**

I certify the information on and attached to this application to be true and correct. I have received a copy of Chapter 119 of the Code of Ordinances of the City of Bowling Green, Ohio.

Signature: _____ Date: _____
Print Name: _____ Phone: _____
Address: _____
Email Address _____
Company Name: _____

OFFICE USE ONLY

DATE OF APPLICATION _____
FEE \$ _____
Circle one: Cash or Check# _____
DATE ISSUED _____
DATE DENIED _____
SIGNATURE _____
TITLE _____

This license is valid for the 30 day period
Beginning _____
Ending _____

Renewal: Valid for the 15 day period
Beginning _____
Ending _____