

Fee: _____

Invoice #: _____

APPLICATION FOR CLOSE-OUT SALE LICENSE

Applications for this license must be received in the City Clerk not less than fifteen (15) days prior to the granting of this license. A complete and detailed inventory must accompany the application.

Business Where Sale is to be Held Information

Legal/Real Name: _____ Trade Name: _____
(Corporation, LLC, Partnership or Individual) (DBA)

Address: _____
(Street Address, City, State and Zip)

Telephone Number: _____

Person Conducting this Sale Information

Name: _____

Address: _____
(Street Address, City, State and Zip)

Telephone Number: _____

Date of Sale (license valid for 60 days - no extensions): _____ to _____
(Start Date) (End Date)

Nature of occupancy (lease, own, etc.): _____ Date of Termination: _____

Reason(s) for this sale: _____

Means of advertising & content of advertisement: _____

Place where stock was purchased or acquired and terms and conditions of such acquisition: _____

The above hereby makes application for a Close-Out Sale at the above location within the City of La Crosse pursuant to the provisions of Chapter 10, Article XV of the Code of Ordinances of the City of La Crosse.

I hereby submit a copy of the complete and detailed inventory of goods, wares and merchandise to be offered for sale, which is made a part of this application. I further certify that all goods included in such inventory were purchased for resale on bona fide orders without cancellation privileges and not goods purchased on consignment, or goods ordered in contemplation of conducting such sale.

Date

Signature of Applicant

Subscribed and sworn to before me
this _____ day of _____, 20____

Notary Public, La Crosse, WI
My Commission Expires:

PERSONAL DATA SHEET
(PLEASE PRINT ALL INFORMATION)

Each Officer AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

Name of Manager/Person in Charge: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____
