VILLAGE OF ORLAND PARK

14700 Ravinia Avenue Orland Park, IL 60462

APPLICATION FOR LICENSE FOR GOING OUT OF BUSINESS, ETC. SALE

License Fee: \$75.00			
Date of Application			
Application for a license to conduct a sale of goods	()	Forced to Vacate S	ale
under the following descriptive name(s). The term "Goods" includes all goods, wares, and merchandise and other personal property, excepting choses in action and money. NAME AND STYLE OF SALE	()	goods on hand, the discontinued at the	upon disposal of the stock of e business will cease and be e premises where the sale is reafter will be removed to and eation.
() Going Out of Business Sale	()	Insurance Sale	() Damaged Goods Sale
	()	Salvage Sale	() Fire Damaged
() Closing Out Sale	()	Creditor's Sale	() Smoke Damaged
() Liquidation Sale	()	Insolvent's Sale	() Water Damaged
() Lost Our Lease Sale	` ,		. ,
() Any other sale in the foregoing category indicating that upon disposal of the stock of goods on hand, the business will cease and be discontinued at the premises where the sale is conducted (Specify nature of sale.)	()	Assignee's Sale	() Otherwise Damaged
To the VILLAGE CLERK, Village of Orland Park:			
The undersigned hereby makes application for a Lic name(s) listed above in accordance with the Act of the Gene 1959, entitled: "An act to regulate the sale, representation, a prevent the fraudulent sale thereof, to provide penalties there	ral A and a	ssembly of the State dvertising of goods,	e of Illinois, approved July 23, wares, and merchandise, to
And, being first duly sworn upon oath I make the foll	owin	g statement:	
Name of Applicant:		of the amount	
(<u>Must be the owner of the goods</u> . If a partnership, must be the corporation.)	e one	or the partners. If a co	orporation, must be an officer of

If the applicant is a partnership, corporation, firm, or association, the name and position of individual filing

(If a partnership, must be one of the partners. If a corporation, must be an officer of the corporation.)

this application:

Liquidation Application Page 2

Address of applicant:
Address where sale to be conducted
Dates and period of time which sale will be conducted:
Names and addresses of person(s) who will be in charge and responsible for the conduct of the sale:
Explanation with regard to condition or necessity for sale:
Statement of reasons whysale is truthfully descriptive of the sale:
If application is for (1) Going out of Business Sale, (2) Closing Out Sale, (3) Liquidation Sale, (4) Lost Our Lease Sale, (5) Forced to Vacate Sale, or (6) any other type of indicative of a "going out of business sale," will the business cease and be discontinued at the premises where the sale is conducted upon termination of the sale:
If application is for Removal Sale, where will the business cease and be discontinued at the premises where the sale is to be conducted upon termination of the sale?
If application is for a Removal Sale, where will business be moved upon termination of the sale?
If application is for a Damaged Goods Sale:
1. When were goods damaged?
2. Where were goods when damaged?
3. What was the cause of the damage?
Has a sale of goods under one of the descriptive names set forth on Page 1 of this application been conducted on the same premises within the last year other than an Insurance, Salvage, or Damaged Goods Sale?

No goods will be added to the following inventory after the date of the application or during the sale. These inventories contain no goods received on consignment. List separately any goods which were purchased during a 60-day period immediately prior to the date of making application for the License (see page 5).

Liquidation Application Page 3				
Cost Value of Inventory \$				
Cost Value of Separate Inventory \$				
The undersigned attests that a place of l	business has l cation for a Lic	been maintained wi	thin the Village of Orland Park for not less than 4 his subparagraph shall not apply to any applicant who	
(Check if applicable)				
() An heir, Legatee, or surviving joint to	enant,			
() An executor, administrator, trustee,	or guardian, o	r		
() Pursuant to an order or process of a	court of comp	petent jurisdiction.	If applicable, attach court document to application.	
A fee of \$75.00 shall accompany an app	olication for a L	License or renewal	of a License.	
	ents may s provided b	subject applic by law.	be fully and accurately completed. ant to the penalties of perjury in	
		• •		_
		Official Capacity:		_
		(Indicate	e Owner, Partner, of Official Corporate Title)	_
		-	Residence of Applicant	_
		Subscribe	ed and sworn to before me thisday o	_ of
		-		_
			Notary Publi	ic
Granted				
License No.				
Date,				
Period of Sale				

Liquidation Application Page 4

Total Inventory	Value at	Cost										
Date of Delivery												
Date of Purchase												
From Whom Purchased Give Name & Address												
Cost Price	Per	Item										
Make and Brand Name (If Unmarked Indicate Manufacturer)												
Item Quantity												

Liquidation Application Page 4A

Total	Inventory	Value at	Cost											
Date of														
Date of	Purchase													
From Whom Purchased	Give Name & Address													
Cost	Price	Per	Item											
Make and Brand Name (If	Unmarked Indicate Manufacturer)													
ltem	Quantity													

Liquidation Application Page 4B

Total	Inventory	Value at	Cost											
Date of	Delivery													
Date of	Purchase													
From Whom Purchased	Give Name & Address													
Cost	Price	Per	ltem											
Make and Brand Name (If	Unmarked Indicate Manufacturer)													
ltem	Quantity													

Liquidation Application Page 4C

Total	Inventory	Value at	Cost											
Date of	Delivery													
Date of	Purchase													
From Whom Purchased	Give Name & Address													
Cost	Price	Per	Item											
Make and Brand Name (If	Unmarked Indicate Manufacturer)													
ltem	Quantity													

Liquidation Application Page 5 SEPARATE INVENTORY OF GOODS PURCHASED WITHIN 60 DAY PERIOD IMMEDIATELY PRIOR TO DATE OF APPLYING FOR LICENSE. (If no goods purchased, indicate none_ Use additional pages if needed.

Total Inventory	Value at	Cost										
Date of Delivery	'											
Date of Purchase												
From Whom Purchased Give Name & Address												
Cost Price	Per	Item										
Make and Brand Name (If Unmarked Indicate Manufacturer)												
Item Quantity												