



**City of Rockford – Customer Service Center**  
**1st floor, City Hall, 425 E. State Street, Rockford, IL 61104**  
**779-348-7300 [CustomerService@rockfordil.gov](mailto:CustomerService@rockfordil.gov)**

**LICENSE APPLICATION – GOING OUT OF BUSINESS SALE – STATE STATUTE**

THIS APPLICATION **MUST** BE ACCCOMPANIED BY THE LICENSE FEE OF \$98.00 & NOTARIZED INVENTORY.

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Type of Business Organization:  Individual  Partnership  D.B.A.  Corporation  
If Corporation, Registered Agent and Address: \_\_\_\_\_

Date (s) of Sale: \_\_\_\_\_ Time: \_\_\_\_\_

Sale Location: \_\_\_\_\_

Person (s) in Charge of and Responsible for conducting sale: Name (s): \_\_\_\_\_

Address (es): \_\_\_\_\_

Specify Type of Sale and explanation of Reason for sale (choose one of the following only):

Going Out of Business – The business will be discontinued at the sale premises upon termination of sale.

Removal Sale – The business will be discontinued at the sale premises upon termination of the sale and the business will be moved to: \_\_\_\_\_.

Insurance  Salvage  Insolvent's  Assignee's

Creditor's Sale of Goods  Damaged Goods (State time, location and cause of such damage):  
\_\_\_\_\_  
\_\_\_\_\_

Reasons why sale name is truthfully descriptive of sale: \_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

I, the above applicant, do hereby swear or affirm that no goods will be added to the inventory after the application is made or during the sale and that the inventory contains no goods received on consignment. I have maintained a place of business within the City of Rockford for not less than 4 months prior to the time of making this application.

## GOING OUT OF BUSINESS SALE APPLICATION

“Warning to applicant. This application must be fully and accurately completed. False or misleading statements may subject applicant to the penalties of perjury in addition to other penalties provided by law.”

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ALL ATTACHMENTS AND INFORMATION TO BE NOTARIZED**

**STATE OF ILLINOIS }  
} SS.  
**COUNTY OF WINNEBAGO }****

I, the undersigned, a Notary Public, do hereby certify that \_\_\_\_\_  
\_\_\_\_\_, who is/are personally known to me to be the same person(s) whose name(s)  
is/are subscribed to the foregoing instrument, as having executed the same, appeared before me this day in person and  
acknowledged that he/she/they signed, sealed, and delivered the said instruments as her/her/their free and voluntary act for  
the uses and purposes therein set forth.

Given under my hand and Notarial Seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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## Notary Public

Attached hereto is an inventory of the goods that are to be sold, including a separate list of any goods which were purchased during a 60 day period immediately prior to the date of this application.

**FOR OFFICE USE ONLY:**

Date application received: **Received By:**

**Legal:** Approved / Disapproved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Finance:** Approved / Disapproved: By: \_\_\_\_\_ Date: \_\_\_\_\_