



City of Rockford – Customer Service Center
1st floor, City Hall, 425 E. State Street, Rockford, IL 61104
779-348-7300

LICENSE APPLICATION – GOING OUT OF BUSINESS SALE – STATE STATUTE

THIS APPLICATION MUST BE ACCOMPANIED BY THE LICENSE FEE OF \$85.00 & 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__

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: _____

License fee attached: YES / NO Final Action due: _____ (21 days from receipt)

Legal: Approved / Disapproved By: _____ Date: _____

Finance: Approved / Disapproved: By: _____ Date: _____