

# Village of Niles

"Where People Count"

## Community Development

1000 Civic Center Drive, Niles, Illinois 60714 Telephone (847) 588-8040 • Fax (847) 588-8050

### APPLICATION FOR GOING OUT OF BUSINESS

#### Going Out of Business Sale, etc.

**NOTICE:** This application must be completed in order to obtain a license to conduct a sale of goods under the Illinois Fraudulent Sales Act. (815 ILCS 350/0.01 *et seq.*) The Fraudulent Sales Act requires that all information provided be complete and accurate and must be submitted under oath. A false statement in this Application or in the required inventory is a Class B misdemeanor. A non-refundable fee of \$25.00 must accompany this application.

**DATE:** \_\_\_\_\_ **FEE:** ( ) FIRST 60 DAYS \$100.00 ( ) ADDITIONAL 30 DAYS \$100.00

#### 1. APPLICANT:

- (a) Name \_\_\_\_\_
- (b) Address \_\_\_\_\_
- (c) If Applicant is a partnership, corporation, firm or association, provide name and position of individual filing this application: \_\_\_\_\_

**2. DATES OF SALE:** From \_\_\_\_\_ To \_\_\_\_\_

#### 3. PERSON IN CHARGE OF AND RESPONSIBLE FOR CONDUCT OF SALE:

- (a) Name \_\_\_\_\_
- (b) Address \_\_\_\_\_

#### 4. DESCRIPTION OF SALE:

- (a) Type of Sale:
- ( ) Going out of Business ( ) Closing Out ( ) Removal ( ) Relocation ( ) Moving
- ( ) Liquidation ( ) Damaged Goods ( ) Lost Our Lease ( ) Forced to Vacate
- ( ) Other \_\_\_\_\_

- (b) Please provide a full explanation regarding the condition or necessity which is the occasion for the sale, including a statement of the reasons why the type of sale designated in 4(a) is truthfully descriptive of the sale:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### For Damaged Goods Sales:

When were the goods damaged? \_\_\_\_\_

Where were the goods when they were damaged? \_\_\_\_\_

What was the cause of the damage (fire, smoke, water, etc.)? \_\_\_\_\_

\_\_\_\_\_

**5. BUSINESS AFTER SALE:**

- (a) Will the business cease entirely upon the termination of the sale? ( ) Yes ( ) No
- (b) Will the business be discontinued at the premises where the sale is conducted upon the termination of the sale? ( ) Yes ( ) No
- (d) Will the business continue at another location upon the termination of the sale? ( ) Yes ( ) No  
If Yes, please provide the full address of the location of the premises to which the business is to be moved \_\_\_\_\_

**6. INVENTORY:**

**NOTE:** No license will be issued unless a full, detailed and complete inventory of the goods to be sold is submitted as part of this Application. The inventory must itemize the goods to be sold and contain sufficient information concerning each item, including the make and brand name, to clearly identify it. It must also show the cost price of each item in the inventory, together with the name and address of the seller of the item to the Applicant, the date of the purchase by the Applicant and the total value of the inventory at cost.

- (a) Please check off **all** applicable statements:
- ( ) The attached inventory of the goods to be sold is full, detailed and complete, and separately lists any goods which were purchased during the 60-day period immediately prior to the date of making this application.
- ( ) The attached inventory of the goods to be sold is full, detailed and complete. None of the goods to be sold was purchased during the 60-day period immediately prior to the date of this application.
- ( ) This is an application for the renewal of a license and the attached inventory does not contain any goods added to the stock listed in the inventory since the date of the original license.
- (b) The Applicant states that no goods will be added to the attached inventory after the date of this Application or during the sale.
- (c) The Applicant states that the attached inventory does not contain any goods received on consignment.
7. The Applicant states that it has maintained a place of business in the Village of Niles for not less than four months prior to the date of this application.
8. Is this an application for renewal of license currently in effect? ( ) Yes ( ) No If Yes, please state license number and expiration date: \_\_\_\_\_
9. Is this sale in the trade name or style of a person in whose goods the applicant has acquired a right or title to within six months prior to the time of submitting this application?  
( ) Yes ( ) No If Yes, please explain in full: \_\_\_\_\_  
\_\_\_\_\_
10. Is this a continuance of a sale in the name of a licensee under the Fraudulent Sales Act in whose goods the Applicant acquired a right or title while such a sale was in progress?  
( ) Yes ( ) No If Yes, please state license number and explain in full: \_\_\_\_\_  
\_\_\_\_\_

