



City of Grand Rapids

City Clerk's Office
300 Monroe Ave NW, Grand Rapids, MI 49503
Phone: 616-456-3016

Going Out of Business Application

Proposed Start Date: _____

Documents to submit with application:	<input type="checkbox"/> Itemized list of goods to be sold (make & brand name)
	<input type="checkbox"/> List of good purchased 60 days or less prior to the date of application
	<input type="checkbox"/> Cost price of each item, name & address of source, date of purchase & delivery date

Business Information

Business Name: _____

Business Address: _____

Street Address, City, State, ZIP Code

Mailing Address: _____

Street Address, City, State, ZIP Code

Phone: _____ Email: _____

Sales Tax License Number: _____ Federal ID#: _____

Contacts

Primary Contact (Manager or person principally in charge of business operations):

Full Name: _____ Title: _____

E-mail Address: _____ Phone: _____

Driver's License # _____ D.O.B. _____

(Date of Birth)

Accountant (Individual in charge of accounting records):

Full Name: _____ Title: _____

E-mail Address: _____ Phone: _____

Driver's License # _____ D.O.B. _____

(Date of Birth)

Business Ownership

Select Ownership Type: Individual/Sole Proprietor Sole Member, LLC Partnership
 Corporation LLC Other:

A. Complete this section if you selected Individual/Sole Proprietor or Sole Member, LLC

Full Name: _____ Title: _____

Other Names Used/Aliases: _____ Phone: _____

E-mail Address: _____ Last 4 digits of S.S. #: _____

Driver's License # _____ D.O.B. _____

(Date of Birth)

B. Complete this section if you selected Partnership, Corporation, LLC or Other

Official Corporate Name: _____

Corporate Address: _____

Street Address, City, State, ZIP Code

E-mail Address: _____ Phone: _____

Michigan Corporate/LLC ID#: _____ Date of Incorporation: _____

LLC Qualification Date: _____

List all Owners, Partners or Corporate Officers

Full Name: _____ Title: _____
Other Names Used/Aliases: _____ Phone: _____
E-mail Address: _____ Last 4 digits of S.S. #: _____
Driver's License #: _____ D.O.B.: _____
(Date of Birth)

Full Name: _____ Title: _____
Other Names Used/Aliases: _____ Phone: _____
E-mail Address: _____ Last 4 digits of S.S. #: _____
Driver's License #: _____ D.O.B.: _____
(Date of Birth)

Full Name: _____ Title: _____
Other Names Used/Aliases: _____ Phone: _____
E-mail Address: _____ Last 4 digits of S.S. #: _____
Driver's License #: _____ D.O.B.: _____
(Date of Birth)

Attach list if there are additional owners.

Disclaimer and Signature

I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Chapter 91 of the Grand Rapids City Code and all applicable City of Grand Rapids licensing ordinances; and that I agree to operate this business in accordance with all Federal, State and local laws, ordinances, rules and regulations.

Signature: _____ Date: _____

Clerk's Office:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date:	Signature:
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Copy of Ordinance available upon request.

Sale Application

Going Out of Business, Insurance, Bankruptcy, Mortgage, Insolvent, Assignee's, Executor's, Administrator's, Receiver's, Trustee's, Removal, Closing Out, and sales of goods, wares and merchandise damaged by fire, smoke, water, or otherwise.

Original Issuance 1st Renewal 2nd Renewal Date: _____
(Each is issued for 30 days only. No extensions permitted after second renewal.)

Name of Business: _____

Length of time applicant has been in business at this location: ____ years ____ months

Sale will be conducted in the following manner: _____

Sale will be started: _____ and continued until: _____

Reason for sale: _____ Total value of inventory at cost \$:

Type of Sale: Closing Out Liquidation Lost our Lease
 Forced to Vacate Going Out of Business
 Other - Describe

A complete inventory of goods to be sold must be attached to this application. No goods will be added to the inventory after this application is filed or after the sale is started. None of the goods on the inventory attached hereto was received on consignment. A copy of the inventory submitted with this application must be posted on the premises on which the sale is to be conducted. This inventory need not show the cost prices.

Name of person who will be in charge of and responsible for the conduct of the sale:

Name: _____ Phone Number: _____

Statement of Applicant (Cross out statements not applicable)

Removal Sale – this business will be discontinued at this premises when the sale is terminated and will be established at: _____

Fire, Smoke, Water Sale – the damage to the goods to be sold was caused by:

Cause	Location	Time
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Going Out of Business Sale – This business will be discontinued at this premises when the sale is terminated.

Please provide any additional information on a separate page.

NOTE: The State Law, Act 39 of the Public Acts of 1961, requires that the inventory include:

1. Itemized list of goods to be sold, described with make and brand name, if any, sufficient for clear identification.
2. Separate list of goods, purchased 60 days or less immediately prior to the date of this application.
3. Cost price of each item, name and address of the source, date of purchase, and delivery date.

The sale for which an original license is issued and any renewal thereof permitted under the Act, shall be considered as one sale.



Application Part II

This form must be submitted with all license applications. Applicants are required to read and initial all sections below.

Business Name: _____

All Businesses

I fully understand and have completed the business license application, and have read the appropriate ordinances for the license category I am applying for. I have completed the application myself or with the assistance of an interpreter, if applicable. Initials: _____

I understand that all fees are non-refundable and cover the cost of processing the application. Initials: _____

I understand that my license will be good for one year from the date of issuance and must be renewed on an annual basis. Initials: _____

I understand that failure to disclose complete and accurate information is falsification of application and is sufficient cause for immediate denial or revocation of license. Initials: _____

I understand that other departments needing to make a recommendation on my application may require an inspection. Initials: _____

I understand that the business property must have the proper zoning classification before a license can be issued. Initials: _____

I understand that a business license is issued to a specific business at a specific location and cannot be transferred to a new owner or new location. Changes in ownership or location will require a new application to be submitted. Initials: _____

If a license is denied, I understand that I must file an appeal in writing to the City Clerk's Office, 300 Monroe Ave NW, Grand Rapids, MI 49503, within 10 days of notification of the denial. Initials: _____

I understand that if I do not renew my license within one month of the expiration date that there will be late fees and/or penalties assessed up to and including a civil misdemeanor. Initials: _____

Home Occupations

I understand that I will not be able to claim 100% Principal Residence Exemption (PRE) if I am making my home or part of my home available for rental. Initials: _____

If an interpreter was used, please provide their name and number below:

Name of interpreter (printed): _____ Phone Number: _____