

Supervisor Kenneth R. Fletcher  
Treasurer Howard A. Pizzo  
Clerk Mary R. Clark  
Manager Brian T. Reed



Trustee Fonda J. Brewer  
Trustee Andrea M. Cascarilla  
Trustee Dennis R. Fedewa  
Trustee Karen J. Mojica

Manager's Office

517) 323-8590

**APPLICATION FOR A GOING OUT OF BUSINESS LICENSE**

The undersigned hereby applies for a Going Out of Business License as required by Public Act 39 of 1961, State of Michigan. The license is good for thirty (30) days with the opportunity to obtain two (2) thirty day renewals to the license. An inventory listing must be accompanied with application in order to be considered for Going Out Of Business License.

**GENERAL INFORMATION:**

FULL LEGAL NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

APPLICANT PHONE NUMBER: \_\_\_\_\_

FULL LEGAL NAME OF OWNER(S): \_\_\_\_\_

ADDRESS OF OWNER(S): \_\_\_\_\_

OWNER(S) PHONE NUMBER: \_\_\_\_\_

**GOING OUT OF BUSINESS LOCATION OF SALE INFORMATION:**

NAME OF BUSINESS: \_\_\_\_\_

LOCATION OF SALE: \_\_\_\_\_

DATES OF PROPOSED SALE: \_\_\_\_\_

PROPOSED HOURS OF SALE: \_\_\_\_\_

**REASON FOR GOING OUT OF BUSINESS SALE**

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

Applicant understands full compliance with any and all Township Ordinances, County Ordinances, State Statutes, and Federal Statutes is required.

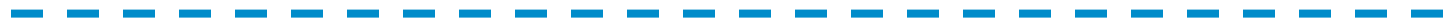
**IMPORTANT:**

The fee for the license shall be \$50.00 for thirty (30) days

Such other information as deemed reasonably necessary and proper, for the full protection of the Charter Township, as well as the applicant in order to effectuate the purposes of the Ordinance and determine whether the terms of the Ordinance and State Statutes are being complied with, may be required to be provided by applicant.

“I, the undersigned, hereby acknowledge my understanding of this application and its requirements. I have received and read a copy of Public Act 39, and understand and will comply with the regulations contained within the Township Ordinance. Further, I understand that a false statement on this application may result in either a denial of this application or subsequent revocation if this license is granted.”

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**OFFICIAL USE ONLY**

Date Application Received: \_\_\_\_\_

\$50.00 license fee Paid:      Date: \_\_\_\_\_      Receipt No. \_\_\_\_\_

Inventory Listing Received:     YES       NO

License No. \_\_\_\_\_

1<sup>st</sup> Renewal: Date: \_\_\_\_\_      Receipt No. \_\_\_\_\_

2<sup>nd</sup> Renewal: Date: \_\_\_\_\_      Receipt No. \_\_\_\_\_

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