



**Office Use Only**

APP. #	_____
FEE PAID	_____
DATE	_____ 20____
LICENSE #	_____
ISSUED	_____ 20____

**OFFICE OF THE TOWN CLERK**  
 One Washington Street Hempstead, NY 11550  
 Tel: (516) 812-3025 email: [licensing@tohmail.org](mailto:licensing@tohmail.org)

**GOING OUT OF BUSINESS SALES**

Name of applicant:		Start date of sale:	End date of sale:
Address:		Name of true owner of goods to be sold:	
Town:	Zip Code:	Descriptive Name of sale:	
Owner of Business: Individual owner: <input type="radio"/>		Wares or Merchandise to be sold:	
Partner: <input type="radio"/> Corporation or association: <input type="radio"/>		Type of Sale:	
Trade, corporation or association name:		<input type="radio"/> Closing out sale } Application date must be at least 15 days <input type="radio"/> Defunct business sale } Before date sale is to start <input type="radio"/> Sale of goods damaged by Smoke, Fire, Water or otherwise	
Date of incorporation or organization:	Place of Incorporation or Organization:		

**PLEASE COMPLETE THE FOLLOWING INFORMATION IF THIS APPLICATION IS FOR A CORPORATION ASSOCIATION, PARTNERSHIP OR AN INDIVIDUAL OWNER USING A TRADE NAME**

Partner or President	Name _____	Address _____
Partner or Vice President		
Partner or Secretary		
Has the controlling interest in this corporation been transferred within Six (6) months prior to the date of this application ? <input type="radio"/> YES <input type="radio"/> NO		

**GIVE THE NAME AND ADDRESS OF THE PERSON OR PERSONS IN CHARGE AND RESPONSIBLE FOR CONDUCT OF THIS SALE**

Name of person in charge:		Name of person in charge:	
Address:		Address:	
Town:	Zip Code:	Town:	Zip Code:
Street address at which sale will be conducted:		Length of time in business at this location conducted:	Type of occupancy: <input type="radio"/> Leased <input type="radio"/> Owned
Town:	Zip Code:	Reason for sale:	Effective date of termination of occupancy:
Disposition of business upon termination of Closing Out Sale or Defunct business sale: <input type="radio"/> Business will be terminated permanently <input type="radio"/> Business will be resumed			
Name or designation under which business will be resumed:			
Street address or premise at which business will be resumed:			
Sworn to before me this _____		Value of inventory over 90 days old	Value of inventory less than 90 days old
Day of _____ 20____		Total value of inventory	

*I solemnly swear to the truth of the above statements*

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Title**