



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 \$90.00 & NOTARIZED INVENTORY.

Applicant Name/Position: \_\_\_\_\_ 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  
County of Winnebago

\_\_\_\_\_, is a legal resident of \_\_\_\_\_

County of \_\_\_\_\_, State of \_\_\_\_\_ being sworn before

me, and that all statements are true to the best of my knowledge and belief.

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at

\_\_\_\_\_, County of \_\_\_\_\_, and state of \_\_\_\_\_.

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.**

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**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:** Final Action (check one):

Approved and issued on \_\_\_\_\_ By \_\_\_\_\_ License # \_\_\_\_\_

Returned as incomplete on \_\_\_\_\_ By \_\_\_\_\_

Denied on \_\_\_\_\_ By \_\_\_\_\_