



Donna Lent, Town Clerk

Patricia Ryan, Chief Deputy Town Clerk

One Independence Hill, Farmingville, NY 11738

(631) 451-9101 FAX: 451-9264

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| For Office Use Only | License #: | Receipt #: | Date Issued: |
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Close Out Sale, Defunct Business Sale, or Sales of Goods Damaged by Fire, Smoke or Water

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|--|---------------------------------|---|-------------|
| 1. TYPE OF SALE: | | 2. DATE OF SALE: | |
| 3. APPLICANT'S NAME: FIRST | | LAST | |
| 4. STREET ADDRESS: | | TOWN: | STATE: ZIP: |
| 5. Is the applicant an association or corporation? If yes, fill out 5A-5E. If no, go to 6. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 5A. DATE AND PLACE OF INCORPORATION OR ORGANIZATION: | |
| 5B. ADDRESS OF PRINCIPAL OFFICE WITHIN NEW YORK STATE: STREET ADDRESS: TOWN: STATE: ZIP: | | | |
| 5C. NAMES AND ADDRESSES OF ALL OFFICERS: (ATTACH ADDITIONAL SHEET IF NECESSARY) | | | |
| 5D. Is applicant the true owner of the goods to be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 5E. Was controlling interest in the corporation or association transferred within six months prior to filing this application? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. LOCATION OF SALE: | | 7. LENGTH OF TIME BUSINESS HAS BEEN AT ADDRESS? | |
| 8. IS PREMISES OWNED OR LEASED? <input type="checkbox"/> Owned <input type="checkbox"/> Leased | 9. IF LEASED, TERMINATION DATE: | 10. REASON FOR URGENT DISPOSITION OF GOODS: | |
| 11. NAME AND ADDRESS OF PERSON/PERSONS RESPONSIBLE FOR THE CONDUCT OF THE SALE: | | | |
| 12. IF CLOSE OUT SALE OR DAMAGED GOODS SALE, WILL BUSINESS BE: <input type="checkbox"/> Terminated Permanently <input type="checkbox"/> Resumed at the Same Location <input type="checkbox"/> Moved to New Location | | 13. IF AT NEW LOCATION, DATE OF REOPENING: | |
| 14. NAME AND DESIGNATION UNDER WHICH NEW BUSINESS WILL BE RESERVED: | | | |
| 15. LIST TOTAL RETAIL VALUE OF GOODS AND WARES TO BE OFFERED: | | 16. ATTACH AN ITEMIZED LIST OF THE GOODS FOR SALE INCLUDING QUANTITY, BRAND NAME, AND MODEL NUMBER IF ANY | |
| 17. THE BOOKS AND RECORDS CONCERNING THE SALE ARE KEPT AT THE FOLLOWING ADDRESS: STREET ADDRESS: TOWN: STATE: ZIP: | | | |

IF THIS IS A RENEWAL APPLICATION, I CERTIFY THAT THE MERCHANDISE LISTED IN THE ORIGINAL INVENTORY HAS NOT BEEN DISPOSED OF AND NO NEW MERCHANDISE HAS BEEN ADDED. IN ADDITION, I UNDERSTAND THAT IF ANY VIOLATION OF STATE STATUTE REGARDING CHAPTER 169 OCCURS, IT MAY RESULT IN THE FORFEITURE OF LICENSE FEE.

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| Sworn to before me this _____ day of _____ 20_____. | 17. SIGNATURE: |
| NOTARY PUBLIC | |

UPON THE TERMINATION OF THE SALE, THE APPLICANT MUST, WITHIN 30 DAYS, FILE A STATEMENT WITH THE TOWN CLERK STATING THE TOTAL RETAIL VALUE OF THE GOODS NOT DISPOSED OF DURING THE SALE AND THE ULTIMATE DISPOSITION THEREOF; AND, IF TRANSFERRED TO ANOTHER, THE NAME, ADDRESS AND BUSINESS OF THE TRANSFEREE. *FEES: \$500 FOR FIRST APPLICATION AND \$50 FOR RENEWAL.