



**APPLICATION TO CONDUCT HARDSHIP TYPE SALES  
IN THE CITY OF NAPERVILLE, ILLINOIS**

TO BE FILED WITH THE COMMUNITY SERVICES DEPARTMENT

SEE: STATE STATUTES CHAPTER 815 ACT 350/1 thru 350/12

Note: License not required for Court, State or Federally ordered sales, or persons regularly engaged in the sale of insurance, salvage or damaged goods.

**1. Applicant (owner of goods):**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**2. Applicant's representative filing this application:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**3. Address where sale is to be conducted:**

Business Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**4. Name and style of sale (check one):**

- |   |  |
|---|--|
| <input type="checkbox"/> Going out of Business Sale           | <input type="checkbox"/> Lost our Lease Sale |
| <input type="checkbox"/> Salvage Sale                         | <input type="checkbox"/> Assignee's Sale     |
| <input type="checkbox"/> Insurance Sale                       | <input type="checkbox"/> Creditor's Sale     |
| <input type="checkbox"/> Removal Sale                         | <input type="checkbox"/> Damaged Goods Sale  |
| <input type="checkbox"/> Insolvent's Sale                     | <input type="checkbox"/> Liquidation Sale    |
| <input type="checkbox"/> Other descriptive name of sale _____ |  |

**5. Dates and times of sale (60 days maximum, 30-day extension upon reapplication):**

Dates inclusive \_\_\_\_\_

Times: \_\_\_\_\_

**6. Person in charge of conducting sale:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**7. Full explanation with regard to the condition or necessity which is the occasion for such above named sale, including reason why such name is truthfully descriptive of such sale:**

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

**8. For “Going Out of Business” Sale:**

I, \_\_\_\_\_, state that business will be discontinued at the premises of the sale upon termination of the sale.

Signature: \_\_\_\_\_

**9. For “Removal” Sale:**

I, \_\_\_\_\_, state that business will be discontinued at the premises of the sale upon termination of the sale, and that business will thereafter be conducted at address of:

Signature: \_\_\_\_\_

**10. For “Damaged Goods Sales” (Fire, Water or Otherwise):**

I, \_\_\_\_\_, state that the time, location and cause of such damage is as follows:

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Cause: \_\_\_\_\_

Signature: \_\_\_\_\_

**11. Inventory Requirement:** There must be attached to his application a full, detailed, and complete inventory of goods to be sold, which inventory shall:

- (a) Itemize the goods to be sold and contain sufficient information concerning each item, including make and brand name, if any, to clearly identify it;
- (b) List separately any goods which were purchased during a 60-day period immediately prior to the date of making application for the license; and
- (c) Show the cost price of each item in the inventory together with the name and address of the seller of the item to the applicant, the date of the purchase, the date of the delivery of each item to the applicant

**12: Inventory Statement:**

I, \_\_\_\_\_, state that:

- (a) 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.
- (b) The applicant has in the past maintained a place of business within the City where goods so listed in his inventory have been sold or offered for sale not less than four (4) months prior to the time of making application for such license.

Signature: \_\_\_\_\_

**13. General Statement:**

The owner applicant has not acquired the right to the trade name of this business within six (6) months just prior to making this application. (If the trade name of business has been acquired within last six (6) months, applicant cannot use trade name.

Signature: \_\_\_\_\_

**14: General Statement (not applicable to insurance, salvage, or damaged goods sales):**

The applicant has not conducted a similar sale on the same premises within one year previous to the starting date of this applied for sale.

Signature: \_\_\_\_\_

## 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  
Signature \_\_\_\_\_

Subscribed and sworn to before me  
This \_\_\_\_\_ date of \_\_\_\_\_, 2023.

\_\_\_\_\_  
Notary Public



### COMMUNITY SERVICES DEPARTMENT STATUS REPORT

Date of filing: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Application Date (Notary certified): \_\_\_\_\_

Name of Sale: \_\_\_\_\_

Place of Sale: \_\_\_\_\_

Duration of Sale: \_\_\_\_\_

Goods Value: \$ \_\_\_\_\_

License fee received (\$25.00, 60-day): \_\_\_\_\_

License to be issued in duplicate to licensee. Inventory list to be attached.  
Application, inventory and copy of license to be filed in Community Services  
Department's license file.

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

Issue Date: \_\_\_\_\_