



**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 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 right to the trade name of this business within six (6) months just prior to making this application. (If 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):

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 _____, 2003.

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: _____