



City of
GRAND HAVEN, MICHIGAN

APPLICATION FOR GOING OUT OF BUSINESS SALE

Going Out of Business, Insurance, Bankruptcy, Mortgage, Insolvent, Assignees, Executors, Administrators, Receivers, Trustees, Removal, Closing Out, and sales of goods, wares and merchandise damaged by fire, smoke, water or otherwise. Each is issued for 30 days only. Fee for each 30-day period \$50. No extensions permitted after second renewal.

Please return application to: **City of Grand Haven Clerk's Office**
519 Washington Avenue
Grand Haven, MI 49417
www.grandhaven.org
Phone: 616-847-4886
Fax: 616-842-0648

Fee: \$50

Date: _____

☐ **Original**

☐ **1st Renewal**

☐ **2nd Renewal**

Name of Business: _____

Address: _____

☐ Individual

☐ Partnership

☐ Corporation

☐ Firm

☐ Association

Length of time applicant has been in business at this location: _____ years _____ months

Person filing application: _____ Title: _____

Owner of goods to be sold: _____

Sale will be conducted in the following manner: _____

Sale will be conducted at: _____

Sale will be started _____, 20____ and continue until _____, 20____

Name of person who will be in charge of and responsible for the conduct of the sale:

_____ Phone _____

Reason for sale _____

Type of Sales: ☐ Closing Out ☐ Liquidation ☐ Lost Our Lease ☐ Forced to Vacate

☐ Going Out of Business ☐ Other; describe: _____

☐ Inventory of good to be sold attached to this application.

Total value of Inventory at cost: \$ _____

No goods will be added to the inventory after this application is filed or after the sale is started. None of the goods on the inventory attached hereto was received on consignment. A copy of the inventory submitted with this application must be posted on the premises on which the sale is to be conducted. This inventory need not show the cost prices.

Clerk's Use Only	
<input type="checkbox"/> Application Received _____ (Date)	<input type="checkbox"/> Application Fee Received _____ (Date)
<input type="checkbox"/> Approved _____ (Date)	<input type="checkbox"/> Inventory of Goods _____ (Date)
<input type="checkbox"/> Denied _____ (Date)	

GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

525 Washington Avenue • Grand Haven, MI 49417
Office 616.842.3460 • Fax 616.847.6050

LAW ENFORCEMENT BACKGROUND CHECK

I am making application as indicated below for the purpose of operating a business or other enterprise within the City of Grand Haven. I understand that my application requires a check of local and/or criminal law enforcement and driving records. My signature represents a request to the Grand Haven Department of Public Safety to perform the law enforcement records check indicated.

- ☐ Auction/Auctioneer – Michigan ICHAT & Local Records Check
- ☐ Bed & Breakfast – Michigan ICHAT & Local Records Check
- ☐ Building Mover (Yearly) License - Local Records Check
- ☐ Building Wrecker (Yearly) License - Local Records Check
- ☐ General Permit Application - Local Records Check
- ☐ Going Out of Business Sale Application - Local Records Check
- ☐ Horse Drawn Carriage Business License – Michigan ICHAT & Local Records Check
- ☐ Horse Drawn Carriage Operators License – Michigan ICHAT & Local Records Check
- ☐ Junk Dealer License - Michigan ICHAT & Local Records Check
- ☐ Marihuana Facilities - Michigan ICHAT & Local Records Check
- ☐ Metal Detectors License - Michigan ICHAT & Local Records Check
- ☐ Pedicab Business License - Local Records Check
- ☐ Pedicab Operators License - Michigan ICHAT & Local Records Check
- ☐ Permanent Liquor License – Michigan ICHAT & Local Records Check
- ☐ Permanent Vendor Application – Michigan ICHAT & Local Records Check
- ☐ Solicitors & Transient Merchants License – Michigan ICHAT & Local Records Check
- ☐ Sound Truck (Use General Permit Application) - Local Records Check
- ☐ Taxicab Business License - Michigan ICHAT & Local Records Check
- ☐ Taxicab Driver's License - Michigan ICHAT, Driving Record & Local Record Checks
- ☐ Taxicab Additional Vehicle to Existing License – Vehicle Inspection

WAIVER OF LIABILITY AND RELEASE OF CLAIMS

I authorize the **GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY** to query and release law enforcement and driving records from all sources. I release and forever discharge the City of Grand Haven and its agents, officers, and employees from any and all actions, claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me in the nature of libel, slander, invasion of privacy or other results from errors or omissions in the information given or from the use of the information, whether by reason or unauthorized use, negligence or otherwise.



PLEASE PRINT

Name:

_____/_____/_____
(Last) (First) (Middle)

(Maiden/Alias)

Address: _____
(Street Address, City, State, Zip)

Date of Birth: ____/____/____

*Driver's License Number: _____

Phone Number: _____

Signature: X_____

***A copy of the applicant's driver's license is required**

(FOR INTERNAL USE ONLY)

- ☐ Application Received (Date) _____
- ☐ Application Fee Received (Date) _____
- ☐ JUSTICE
- ☐ LERMS
- ☐ ICHAT
- ☐ Driving Record
- ☐ Public Site Search