

**APPLICATION FOR CLOSING OUT SALE
City Ordinance 5.05****Type of Sale:** Going Out of Business Fire / Water Damage Date of Fire / Water damage _____ Bankruptcy* Name of Court _____ Date Filed _____

*Application needs to include a copy of the court order authorizing the sale

Business Name _____ **Phone** _____ **Iowa Tax ID** _____**Street Address** _____ **City** _____ **State** _____ **Zip** _____**Owner's Name** _____ **Phone** _____**Street Address** _____ **City** _____ **State** _____ **Zip** _____**Contracted Company to Conduct Sale** _____ **Phone** _____**Street Address** _____ **City** _____ **State** _____ **Zip** _____**Beginning Date of Sale** _____ **Ending Date of Sale** _____ (Max number of days is 90)

Reason for going out of business _____

How long has this business operated in Davenport? _____

Has this business conducted a closing out sale within the past year? ____ Yes ____ No

If "yes" state location and date _____

I affirm that the statements in this application are correct and that none of the articles offered for sale have been brought into the city for the specific purpose of being disposed of at this closing out sale.

Signature of Owner _____ **Date** _____**Return To: Information:**City of Davenport
Business Licensing
226 W 4th Street
Davenport, IA 52801Telephone: 563-326-7715
Fax 563-326-7722
www.cityofdavenportiowa.com
Fee \$100 Charge Code 0072