

**TOWNSHIP OF BLOOMFIELD
APPLICATION FOR GOING-OUT-OF-BUSINESS LICENSE**

Application Fee: \$200.00 Date Filed: _____

Applicant's Name: _____ Telephone No.: _____

Address: _____

Nature of Occupancy: OWNER LEASE SUB-LEASE OTHER

Lease Termination Date (If not the Owner) _____

Name and Address of Person or
Company from Whom the Applicant
Purchased the Goods to be Sold: _____

Description of Place
Where The Sale is to
Held: _____

Dates of Sale and Hours: _____

Reason for Sale: _____

Means of Advertising Sale: _____

**PLEASE NOTE – APPLICANT MUST ATTACH A
COMPLETE INVENTORY OF ITEMS TO BE SOLD!**

Dated: _____
Applicant's Signature

DO NOT WRITE BELOW THIS LINE

Approved by:

Police Director: _____

Fire Official: _____

Tax Collector: _____

Dir. Of Insp.: _____