

Application for a Going Out Of Business or Fire Sale Permit

Pursuant to Chapter 9, Article XII, Chatsworth Code

Application is hereby made for a PERMIT to conduct a Going Out of Business Fire Sale beginning on _____ 20_____, and ending on _____, 20_____.
Month/Day Month/Day

As required by Law, I submit the following information:

Business Name(s): _____
Location of Sale: _____

This sale will be advertised by means of _____ and
[Newspaper name(s), Television Station #(s), Radio, etc.]
each such advertisement shall contain the words: "Sale held pursuant to City of Chatsworth Sale No. _____
granted the _____ day of _____ 20 ____."

As required by Law, I agree to provide a complete inventory of the goods, wares and merchandise to be offered for sale, a copy of which is attached to and made a part of this application. Further, I understand and acknowledge that only such items as appear on this inventory may be advertised, offered for sale, or sold; I will keep an itemized list of all sales as they are made, summarize the list daily, and enter the summarized figures at the close of each day's business on a copy of the inventory in such a manner as to provide the following information:

1. The inventory at the beginning date of the sale.
2. The quantity of each item sold each day.
3. The quantity of each item remaining unsold at the close of each day's business and at the closing date of the sale.

I agree to surrender to the Tax Collector for cancellation the following paid business tax receipts:

- State of Georgia Sales Tax I.D # _____
- City Business Tax Receipt Account # _____

The following taxes must be paid:

- Tangible Personal Property Taxes: _____ (current, delinquent and future years)
- Sales Tax Registration #: _____

This permit will expire on the 60th consecutive day following the day of issuance, including Sundays and Legal Holidays.

I understand and will abide by the provisions of Chapter 9, Article XII of the City of Chatsworth Code.

Signature/Title _____ Date _____

All persons owning at least 10% ownership in this business must be provided:

Corporation or Limited Liability Company: (Include any other names by which you have been known)

President: _____ Birthdate: _____

Home Address: _____ Phone #: _____
Street City State Zip

Vice-President: _____ Birthdate: _____

Home Address: _____ Phone #: _____
Street City State Zip

Secretary: _____ Birthdate: _____

Home Address: _____ Phone #: _____
Street City State Zip

Treasurer: _____ Birthdate: _____

Home Address: _____ Phone #: _____
Street City State Zip

**All persons involved in the ownership of this business must be provided: Also list
Manager(s)/Supervisor(s)**

Partnership or Association: (Include any other names by which you have been known)

Date Partnership commenced:

Home Address: _____ Phone #: _____
Street City State Zip

Full Name: _____
Home Address: _____ Phone #: _____

Street City State Zip
Full Name: _____
Home Address: _____ Phone #: _____

**I declare under penalty of perjury in the second degree that this application and all
attachments are true, correct, and complete to the best of my knowledge.**

Signature _____
(Owner, Corporate Officer or Partner)

Date: _____

SWORN AFFIRMATION

I hereby certify that the statements made by myself and constituting part of this application are true and correct. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of a license. I have been furnished with, and am familiar with, the ordinances and regulations pertaining to this application. I further understand that any violation of the laws of the State of Georgia, or the Ordinances of the City of Chatsworth, Georgia, can result in denial of this application, or suspension/revocation of my license.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and consent to the release of information and all known records including criminal convictions, if any, to authorized agents of the Chatsworth Police Department, City Clerk's Office, and any other department requiring the information for approval of this license. This authorization shall be valid for the duration of my license, and any renewals thereof.

Dated: _____

Signature(s) of Applicant _____

Subscribed and sworn to before me this _____ day of _____, 20

My Commission Expires: _____
Notary Public

REQUIRED APPROVAL BEFORE LICENSE ISSUANCE:

Sales Tax I.D # _____
Chatsworth City Clerk
400 North Third Ave.
Chatsworth, Ga. 30705
706-695-283