

CU #: \_\_\_\_\_

LC#: \_\_\_\_\_

**CITY OF PEORIA  
APPLICATION TO CONDUCT SALE UNDER ACT 350  
ILLINOIS REVISED STATUTES**

1. Business name: \_\_\_\_\_  
  
Business address: \_\_\_\_\_  
(not PO Box) \_\_\_\_\_  
  
Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_
2. If a proprietorship or partnership list **names of all owners and their residence address** below. If an association or corporation, list the information for all officers and directors. Add additional sheets if necessary. NOTE: This section must be fully completed. One or more of these persons must sign the application.  
  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
  
Address: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
  
Address: \_\_\_\_\_
3. Name and style in which sale will be held: \_\_\_\_\_
4. Address at which sale will be held: \_\_\_\_\_
5. Dates and period of time during which sale will be held: \_\_\_\_\_
6. Name and address of person(s) who will conduct sale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Make a full explanation with regard to the condition or necessity which is the occasion for such sale, including statement of the descriptive name of the sale and the reasons why such name is truthfully descriptive of the sale.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. If this is an application for **Going Out of Business Sale** license, will the business be discontinued at the premises where this sale is conducted upon termination of the sale?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
9. If this is an application for a **Removal Sale** license, will this business be discontinued at the premises where this sale is conducted upon termination of the sale, in addition to the location of the premises to which the business is to be moved?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
10. If this is an application for a **Sale of Goods Damaged by Fire, Smoke, Water or Otherwise**, state as to the time, location and cause of such damages.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLETE REVERSE SIDE**

11. Will any goods be added to this inventory, itemized and attached and made part of this application, after the date of this application or during the sale to be conducted? \_\_\_\_\_ Yes \_\_\_\_\_ No
12. Does the itemized inventory referred to and made part of this application, contain any goods received on consignment? \_\_\_\_\_ Yes \_\_\_\_\_ No

### INVENTORY

Attach to this application and each copy thereof an inventory prepared in the following manner:

Itemize the goods to be sold and contain sufficient information concerning each item, including make and brand name, if any, to clearly identify it. List separately any goods which were purchased during a 60 day period immediately prior to the date of making application for this license; and 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 purchase, the date of delivery of each item to the applicant and the total value of the inventory at cost.

Copy of application and inventory, with the cost removed, must be displayed in the place where the sale is to be held; also a copy of the license issued hereunder shall be attached to the front door of the premises where the sale is to be conducted in such a manner that it be clearly visible from the street.

**Advertisements of the sale to conspicuously show on its face the number of the license and date of expiration.**

**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 as provided by law.

I, \_\_\_\_\_, do solemnly swear that the above information as set forth by me  
(print name)  
is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Return to: Accounts Receivable Office  
419 Fulton Street, Room 111  
Peoria, IL 61602  
Phone: (309) 494-8588

License Fee:  
Original \$25.00  
Extension \$25.00

### OFFICE USE ONLY

Corporation Counsel: \_\_\_\_\_

Date: \_\_\_\_\_