CITY OF LAWRENCE, KANSAS
GOING OUT OF BUSINESS LICENSE APPLICATION

Name of Individual Owner,
Partnership or Corporation: _____

Business Phone: (_____)_____

Mailing Address: _____
STREET CITY STATE ZIP

Street Address: _____
STREET CITY STATE ZIP

NAME OF BUSINESS TO BE LICENSED: _____

SALE WILL BE HELD AT: _____
STREET ADDRESS

SALE START DATE: _____/_____/_____ PREMISES ARE: _____Leased _____Owned

NOTE:
RENEWAL PROCEDURE - The license officer shall renew a license for one period of time only, such period to be in addition to the thirty (30) days permitted in the original license and not to exceed sixty (60) consecutive days, Sunday and holidays excluded.

The place of business will be managed by:

Name: _____Phone:(_____)_____

Home Address: _____
STREET CITY STATE ZIP

I hereby certify the above information to be true and correct to the best of my knowledge. I have received a copy of Chapter 6, Article 4, of the City code of the City of Lawrence, Kansas. A complete inventory of the goods to be sold at such sale is attached and a part of this application. The name and address of the person and/or company from whom goods have been purchased for this sale and the price must be included. If goods were not purchased, the manner of acquisition must be disclosed. All goods included in such inventory have been purchased by the applicant for resale on bona fide orders without cancellation privileges and are not goods purchased on consignment. Such inventory does not include goods ordered in contemplation of conducting a sale regulated hereunder.

_____ _____
Applicant's Name (Printed) Applicant's Signature

RETURN TO: CITY CLERK'S OFFICE
CITY OF LAWRENCE
6 EAST 6TH STREET, 3RD FLOOR
P.O. BOX 708
LAWRENCE, KANSAS 66044