



TOWN OF OYSTER BAY, AUDREY AVENUE, OYSTER BAY, NEW YORK 11771
 OFFICE OF THE TOWN CLERK
 TELEPHONE: 516 624-6322

**LICENSE APPLICATION
 GOING OUT OF BUSINESS SALES**

ALL INFORMATION MUST BE COMPLETED

PLEASE TYPE OR PRINT CLEARLY

NAME OF APPLICANT		APPLICATION DATE	DATE SALE IS TO START
STREET ADDRESS OF APPLICANT		NAME OF TRUE OWNER OF GOODS TO BE SOLD	
POST OFFICE	ZIP CODE	DESCRIPTIVE NAME OF SALE	WARES OR MERCHANDISE TO BE SOLD
OWNER OF BUSINESS (INDICATE WITH AN "X") <input type="checkbox"/> INDIVIDUAL OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION OR ASSOCIATION TRADE, CORPORATION OR ASSOCIATION NAME		TYPE OF SALE (INDICATE WITH AN "X") <input type="checkbox"/> CLOSING OUT SALE } APPLICATION DATE MUST BE AT LEAST 15 <input type="checkbox"/> DEFUNCT BUSINESS SALE } DAYS BEFORE DATE SALE IS TO START. <input type="checkbox"/> SALE OF GOODS DAMAGED BY SMOKE, FIRE, WATER OR OTHERWISE	
Date of Incorporation or Organization	Place of Incorporation or Organization	ADDRESS OF PRINCIPLE OFFICE WITHIN THE STATE	

PLEASE COMPLETE THE FOLLOWING INFORMATION IF THIS APPLICATION IS FOR A CORPORATION, ASSOCIATION, PARTNERSHIP OR AN INDIVIDUAL OWNER USING A TRADE NAME.

PARTNER OR PRESIDENT	NAME	HOME STREET ADDRESS	CITY OR POST OFFICE AND STATE	ZIP CODE
PARTNER OR VICE-PRESIDENT	NAME	HOME STREET ADDRESS	CITY OR POST OFFICE AND STATE	ZIP CODE
PARTNER OR SECRETARY	NAME	HOME STREET ADDRESS	CITY OR POST OFFICE AND STATE	ZIP CODE

HAS THE CONTROLLING INTEREST IN THIS CORPORATION BEEN TRANSFERRED WITHIN SIX (6) MONTHS PRIOR TO THE DATE OF THIS APPLICATION? (INDICATE WITH AN "X")
 YES NO

GIVE THE NAME AND ADDRESS OF THE PERSON OR PERSONS IN CHARGE AND RESPONSIBLE FOR THE CONDUCT OF THIS SALE.

NAME OF PERSON IN CHARGE	NAME OF PERSON IN CHARGE
HOME STREET ADDRESS	HOME STREET ADDRESS
POST OFFICE	POST OFFICE
ZIP CODE	ZIP CODE
STREET ADDRESS AT WHICH SALE WILL BE CONDUCTED	LENGTH OF TIME IN BUSINESS AT THIS LOCATION
	TYPE OF OCCUPANCY (INDICATE WITH AN "X") <input type="checkbox"/> LEASED <input type="checkbox"/> OWNED
POST OFFICE	REASON FOR SALE
ZIP CODE	EFFECTIVE DATE OF TERMINATION OF OCCUPANCY
DISPOSITION OF BUSINESS UPON TERMINATION OF "CLOSING OUT SALE" OR "DEFUNCT BUSINESS SALE" (INDICATE WITH AN "X") <input type="checkbox"/> BUSINESS WILL BE TERMINATED PERMANENTLY <input type="checkbox"/> BUSINESS WILL BE RESUMED	
NAME OR DESIGNATION UNDER WHICH BUSINESS WILL BE RESUMED	
STREET ADDRESS OF PREMISE AT WHICH BUSINESS WILL BE RESUMED	POST OFFICE
	ZIP CODE

State of New York)	Value of Inventory Over 90 Days Old	Value of Inventory Less Than 90 Days Old	Total Value of Inventory
County of Nassau) ss.			

Sworn to before me this

I solemnly swear to the truth of the above statements.

day of19.....

SIGNATURE OF APPLICANT

NOTARY PUBLIC

TITLE

A FEE OF MUST ACCOMPANY THIS APPLICATION. THE APPLICANT SHALL NOT BE ENTITLED TO A REFUND OF THE FEE PAID IF THIS APPLICATION IS DENIED OR REVOKED.

INVENTORY INSTRUCTIONS: SUPPLEMENTAL FORMS SUPPLIED BY THE TOWN OF OYSTER BAY MUST BE USED TO RECORD INVENTORIES. DETAILED INVENTORY INSTRUCTIONS ARE PRINTED ON THE REVERSE OF THIS APPLICATION.

NOTE: Applicants who are required to carry Workmen's Compensation Insurance and Disability Insurance must present forms C-105.2 and DB-120.1 with this application.

Applicants who are not required to carry Workmen's Compensation Insurance and Disability Insurance must present form C-105.21 with this application.

THIS "LICENSE APPLICATION" MUST BE CONSPICUOUSLY POSTED IN THE SALES ROOM OR PLACE IN WHICH THE SALE IS HELD.

COPY DISTRIBUTION

WHITE-APPLICANT
 PINK-TOWN CLERK
 BLUE-NASSAU CO. POLICE

APPLICANT DO NOT WRITE IN THE SPACES BELOW

FEE PAID	RECEIPT NO.	LICENSE DATE	LICENSE NO.	EXPIRATION DATE

