

**GOING OUT OF BUSINESS SALE
REGISTRATION APPLICATION**

INSTRUCTIONS

- | | |
|---|--|
| 1. To be completed by the individual applying | 5. License fee is \$100.00 |
| 2. Print or type- Fill in all spaces | 6. License fees are Non-Refundable |
| 3. Submit all necessary inventory forms as required | 7 Special deposit fee is \$50000 or dollar amount
equal to one percent of wholesale inventory with a maximum of
\$5000 |
| 4. Application must be accompanied by special deposit fee
the form a certified check, bank check or money order made payable to
Treasurer, State of Louisiana | 8 Special Deposit fee is refundable. |

**RETURN COMPLETED APPLICATION TO: LOUISIANA
DEPARTMENT OF JUSTICE CONSUMER PROTECTION
SECTION P,O, Box 94005
Baton Rouge, Louisiana 70804-9005**

Store Name _____ Phone _____

Store Address (Street, City, State & Zip) _____

Business Name & Address (If different than above) _____

List below the names, addresses, and titles of all persons associated in the ownership (Show home address)

Name	Residence	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is applicant the owner of the merchandise to be sold at sale? _____ If no, please, explain. _____

Type of business for which license is requested. _____

Did you purchase the merchandise or the business specifically for this sale? _____

(Give Complete details pertaining to acquisition)

When _____

From Whom _____

Federal Tax Registration Number: _____

State the advertising format to be employed. (Going out of Business., Moving, Liquidation, etc.) _____

Is applicant using a promoter for this sale? _____

If yes, list names.

Name

Residence

Per Sp. of State, a special deposit fund (not to exceed 90 days) _____

Name

Residence

Name of person or firm check will be made payable _____

State the total wholesale cost value of merchandise as set forth in the attached inventory: \$ _____

Warehouse Location (if any) _____

SEPARATE INVENTORIES MUST BE SUBMITTED FOR EACH WARE HOUSE LOCATION

I swear that the answers and statements in the foregoing application are true to the best of my knowledge. Further, I understand the conditions which this license is issued, and that no goods, wares, or merchandise other than those actually on hand in the places where such sale is to be conducted at the opening thereof, and as set forth in the attached inventory shall be included in this sale. I also understand that all documentation concerning the goods, wares, and merchandise to be included in such **closing out sale**, including but no limited to purchase orders and delivery statements shall be mad available for inspection by authorized Representative of the ATTORNEY GENERAL'S OFFICE.

Signed (Owner or President)

Name of Applicant

Address of Applicant

ITEMIZED INVENTORY MUST BE ON FORMS SUPPLIED BY THIS DEPARTMENT AND ACCOMPANY THIS APPLICATION.

SUBSCRIBED AND SWORN TO BEFORE ME:

DATE

SIGNED (NOTARY PUBLIC)

**STATE OF LOUISIANA
DEPARTMENT OF JUSTICE, CONSUMER PROTECTION SECTION
PROMOTER REGISTRATION APPLICATION**

INSTRUCTIONS:

- | | |
|--|--|
| 1. To be completed by the individual applying.
2. Print or type -Fill in all spaces
3. Submit all necessary inventory forms as Required. | 4. Application must be accompanied By a certified check bank check or Money order made payable to:
5. License fee is \$100.00
6. License fees are Non-refundable |
|--|--|

RETURN COMPLETED APPLICATION TO.
LOUISIANA DEPARTMENT OF JUSTICE
CONSUMER PROTECTION SECTION
P.O. BOX 94005
BATON ROUGE, LA 70804-9005

Applicant's Name Date

Applicant's Address (Street, City, State, Zip) Phone Soc. Sec.

Business Name Business Address

Tax Identification Number: _____

Below list the names addresses and titles of all persons associated in the ownership (Show complete address)

NAME	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the type of business for which you plan to act as a promoter during the next 12 months. (i.e. furniture, jewelry)

In which states have you acted as a promoter for businesses conducting 'going out of business sales' during the previous 5 years? _____

List the names and home addresses of all persons in your employ.

Name

Address

YOU MUST SUBMIT THE NAMES AND ADDRESSES OF ANY NEW EMPLOYEES HIRED DURING THE TERM OF THIS REGISTRATION.

I swear that the answers and statements in the foregoing application are true to the best of my knowledge further, I understand the conditions under which this registration is issued and that no goods, wares, or merchandise other than those actually on hand in the place whereas such sale is to be conducted at the opening thereof shall be included in this sale I also understand that all documentation concerning the goods, wares and merchandise to be included in such closing out sale, including but not limited to purchase orders and delivery statements, shall be made available for inspection by authorized representatives of the Attorney General's Office.

Signed (Applicant)

Subscribed and sworn to me this (date) _____

Signed (Notary Public)

