GOING OUT OF BUSINESS SALE
REGISTRATION APPLICATION

INSTRUCTIONS

I. 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 special deposit fee
the form a certified check, bank check or money order made payable to
Treasurer, State of Louisiana

5. License fee is $100.00
6. License fees are Non-Refundable
7 Special deposit fee is $50000 or dollar amount
equal to one percent of wholesale inventory with a maximum of
$5000
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
____	____
	____
____	____
	____

Persons special deposit is to be returned:

Specify dates sale is to be conducted (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 APPLICA TION.

SUBCSRIBED 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 APPLICA TION 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)

GOING OUT OF BUSINESS SALE
GOODS SOLD DURING THE MONTH OF _____

DESCRIPTION OF ARTICLES	MANUFACTURER	MODEL NUMBER	QUANTITY	WHOLESALE COST PER UNITT	TOTAL WHOLESALE COST

TOTAL:_____

Applicant's Signature: _____ DATE: _____

Promotor's Signature: _____ DATE: _____