

GOING OUT OF BUSINESS SALE REGISTRATION APPLICATION

Return completed application to:
Louisiana Department of Justice
Consumer Protection Section
1885 N. 3rd Street
Baton Rouge, LA 70802
Phone: (800) 351-4889
Fax: (225) 326-6499

FOR OFFICE USE ONLY

Instructions

1. Applications must be accompanied by a certified check, bank check, or money order made payable to the Louisiana Department of Justice in the amount of \$100.00 .
2. The \$100.00 license fee is non-refundable.
3. Applications must include a deposit of either \$500.00 or a dollar amount equal to 1% of the wholesale cost of the inventory, whichever amount is greater. No deposit shall exceed \$5,000.00.
4. Applications must include a current inventory of all goods to be sold. A supplemental inventory must be provided for each subsequent month of the sale.

Store Name: _____

Federal Tax Registration Number: _____

Physical location:

Street Address

City

State

Zip Code

Telephone Number

Fax Number

Email Address

**Names and residences of all owners or partners who have an interest in the sale to be conducted
(attach additional sheet if necessary):**

Name and Title of Owner or Partner

Street Address

City State Zip Code

Telephone Number Fax Number Email Address

Name and Title of Owner or Partner

Street Address

City State Zip Code

Telephone Number Fax Number Email Address

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 any merchandise or the business specifically for this sale (*attach additional sheet if necessary*)?

State any and all advertising formats to be employed: (newspaper, periodical, radio, television, signage, or other publication).

Specify the dates the sale is to be conducted (not to exceed 90 days). _____

Is the applicant using a promoter for this sale? If yes, list the following:

Name of promotor

Street Address

City State Zip Code

Telephone Number Fax Number Email Address

Specify the following information for the return of the deposit fee:

Name of person or business check will be made payable to

Street Address

City State Zip Code

Telephone Number Fax Number Email Address

State the wholesale cost value of merchandise as set forth in the attached inventory. Separate inventories must be submitted for each warehouse location.

State the warehouse location (if any).

Street Address

City State Zip Code

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 not limited to purchase orders and delivery statements shall be made available for inspection by an authorized representative of the Louisiana Attorney General's Office.

Signature of Applicant

Name of Applicant

Date

Subscribed and sworn to before me:

Date

Signed (Notary Public)