

CITY OF AKRON
Treasury/License Division
161 S High Street, Suite #200
Akron OH 44308
(330) 375-2484

DISCONTINUING BUSINESS SALE APPLICATION
(Please Print)

BUSINESS NAME: _____ Phone # _____

BUSINESS ADDRESS: _____

TYPE OF BUSINESS: _____

APPLICANT'S NAME: _____ Phone # _____

APPLICANT'S HOME ADDRESS: _____

OWNER OF GOODS, WARES, OR MERCHANDISE TO BE OFFERED FOR SALE:

NAME: _____ PHONE # _____

ADDRESS: _____

OPERATOR OF SALE, IF OTHER THAN THE TRUE OWNER:

NAME: _____ PHONE # _____

ADDRESS: _____

REASON FOR THE URGENT & EXPEDITIOUS DISPOSAL OF THE MERCHANDISE:

TOTAL COST OF THE MERCHANDISE TO BE OFFERED FOR SALE \$ _____

THE UNDERSIGNED STATES THAT ALL FACTS ARE CORRECT. THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF THE DISCONTINUING BUSINESS SALE ORDINANCE AND UNDERSTANDS ALL THE PROVISIONS THEREIN.

Signature of Applicant

Date

Sworn to before me and subscribed in my presence this _____ day of _____ 20____

Notary Public