

# GOING OUT OF BUSINESS SALE REGISTRATION APPLICATION

Return completed application to:  
**Attorney General Liz Murrill**  
**Louisiana Department of Justice**  
**Consumer Protection Section**  
**1885 N. 3<sup>rd</sup> Street**  
**Baton Rouge, LA 70802**  
**Phone: (225) 326-6400**  
**Fax: (225) 326-6499**  
**Website: [www.AGLizMurrill.com](http://www.AGLizMurrill.com)**

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.
5. If using a promoter include a signed and dated copy of the agreement with the promoter.

**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.**

**Subscribed and sworn to before me:**

---

**Signature of Applicant**

---

**Name of Applicant**

---

**Date**

---

**Date**

---

**Signed (Notary Public)**