

DATE RECEIVED _____
PERMIT # _____
CUSTOMER # _____
(FOR ADMINISTRATIVE PURPOSES ONLY)

EXHIBIT H

Town of Palm Beach | Town Clerk's Office
360 S County Rd, Palm Beach, Florida 33480
Phone: (561) 805-5416
Email: TownClerk@townofpalmbeach.com

CLOSING-OUT/DISTRESS SALES PERMIT APPLICATION

NOTE: If there is any change that would alter the information given in this application while it is pending, the applicant shall notify the Town Clerk's Office within 48 hours of such change.

APPLICANT NAME/CONTACT PERSON (Individual responsible for sale): _____

ADDRESS: _____

CITY STATE ZIP

PHONE: _____ **EMAIL:** _____

CORPORATION IN CHARGE OF BUSINESS (If applicable): _____

HEADQUARTERS ADDRESS: _____

PHONE: _____ **EMAIL:** _____

NATURE OF OCCUPANCY (BY LEASE, SUB-LEASE OR OTHERWISE): _____

DATE OF BEGINNING OF OCCUPANCY: _____ **DATE OF TERMINATION OF OCCUPANCY:** _____

LOCATION OF SALE: _____

CITY STATE ZIP

DATE SALE BEGINS: _____ **DATE SALE ENDS:** _____

[Section 94-67](#) states that, in no event, shall such sales exceed a period of time of longer than 30 consecutive days, Sundays and legal holidays included, in any one year after such sale is first advertised or commenced.

PLEASE DESCRIBE THE MEANS TO BE EMPLOYED IN ADVERTISING SUCH SALE AND ATTACH THE PROPOSED LANGUAGE CONTENT OF ANY ADVERTISEMENT TO BE USED FOR SUCH SALE. CONSULT [SECTION 94-110, 111](#) FOR SPECIFIC LANGUAGE REQUIRED FOR SAID ADVERTISEMENT (USE SEPARATE SHEET IF NECESSARY).

PLEASE DESCRIBE THE PLACE, OR PLACES, WHERE SUCH GOODS WERE PURCHASED OR ACQUIRED AND, IF NOT PURCHASED, THE MANNER OF SUCH ACQUISITION:

PLEASE ATTACH A COMPLETE AND DETAILED INVENTORY OF ALL GOODS TO BE SOLD, OR OFFERED FOR SALE, INCLUDING ALL GOODS THEN IN STOCK, ON ORDER, OR IN TRANSIT, AND THE COST AND RETAIL PRICE OF SUCH GOODS.

BUSINESS TAX INFORMATION

BUSINESS NAME (or D/B/A): _____

Must be registered with Division of Corporations www.sunbiz.org

BUSINESS ADDRESS: _____

OWNER'S NAME: _____ **PHONE:** _____

ADDRESS: _____

CITY STATE ZIP

AUTHORIZATION

I have read the provisions of [Resolution No. 20-04](#) and agree to abide by all provisions set forth therein. I hereby affirm that upon receipt of liens or a sale as defined under [Section 7-18 \(1\) \(a\) of Ordinance No. 11-62](#) , I shall immediately surrender any existing occupational licenses for said business for cancellation without refund of the fee, or any portion thereof, paid for such occupational license. I hereby affirm that all representations herein made are bonafide; that I will not, directly or indirectly engage in the same business, or any similar business, under the same or a similar trade name, in the Town of Palm Beach, Palm Beach County, Florida, for a period of two (2) years from the date of this application, and shall not engage in the same or similar business, under any name at said licensed premises for a period of two (2) from date of said application.

PRINTED NAME: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

DRAFT