

TOWN OF WESTFIELD
425 East Broad St * Westfield, NJ 07090
Phone: (908) 789-4033* Fax (908) 928-9316

SPECIAL SALES

BUSINESS NAME _____

ADDRESS _____

PHONE # _____ FAX # _____

OWNER _____

HOME ADDRESS _____

CITY/ST/ZIP _____ PH # _____

MANAGER DURING SALE _____

HOME ADDRESS _____

CITY/ST/ZIP _____ PH # _____

AGENT DURING SALE _____

HOME ADDRESS _____

CITY/ST/ZIP _____ PH # _____

OTHER REPRESENTATIVE _____

HOME ADDRESS _____

CITY/ST/ZIP _____ PH # _____

ADDRESS OF SALE _____ DURATION _____

TERMINATION DATE OF LEASE (If Applicable) _____

STATE MEANS OF ADVERTISING THE SALE _____

Note: Attach an itemized inventory and list of stock on premises to be offered for sale, together with a statement of the quality and cost price thereof, and the place where such stock was purchased or acquired and the manner of such acquisition.

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I/We hereby acknowledge receipt of General Ordinance # 797 and state that the sale will be conducted in accordance with the provisions thereof. I/We also certify that the attached inventory and the statements made in this application are true and correct.

DATE _____

INDIVIDUAL _____

PARTNERSHIP _____

CORPORATION _____
CEO OR VP

ATTEST _____
SECT'Y

Sworn to before me this _____ day of _____

Notary Public of NJ

=====

OFFICE USE ONLY

Fee = \$ 25.00 every 30 days

CHECK _____ CASH _____ MO _____

LICENSE # _____ DATE ISSUED _____