



Office of the Tax Collector
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Miami, Florida 33128
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miamidade.gov/taxcollector

**FIRE & GOING-OUT-OF-BUSINESS SALES & AUCTIONS
PERMIT APPLICATION
PURSUANT TO CHAPTER 559, SECS. 559.20/27 F.S.**

PRINT OR TYPE ONLY

TO THE MIAMI-DADE COUNTY TAX COLLECTOR:

Application is hereby made by the undersigned for a permit to conduct a: (Check One)

Going-Out-Of-Business Sale _____ Fire Damage Sale _____ Auction _____

Sale Beginning _____ and ending _____

Name of Business: _____ Corporation: Yes _____ No _____

Business Location: _____ Phone: _____

Place of Sale: _____

(If other than business location)

This sale will be advertised by means of _____

and each such advertising must contain the words:

_____ Sale held pursuant to Miami-Dade County

(Kind of Sale)

Sale No. _____, granted the _____ day of _____, 20__

A copy of this proposed advertisement must accompany your application.

If advertising under "GOING OUT-OF-BUSINESS" I agree to surrender to the Miami-Dade County Tax Collector for cancellation the following business license held by me.

Local Business Tax Receipt #

For Office Use ONLY

Receipt No. _____ Amount Paid \$50.00 Permit No. _____

LBT _____ Approved _____ Denied _____ By: _____
(Date) (Date)

MIAMI-DADE
Every Day

A complete inventory of the goods, wares and merchandise to be offered for sale is attached to and made a part of this application. I understand that only such items as appear on this inventory maybe advertised, offered for sale and sold.

To further support this application, I agree to keep and visibly post for inspection an itemized list of all sales as they are made, to summarize the list daily, and to enter the summarized figures at the close of each day's business of a copy of the inventory in such a manner as to provide the following information.

1. The inventory at the beginning date of the sale.
2. The quantity of each item sold each day.
3. The quantity of each item remaining unsold at the close of each day's business and at the closing date of the sale.

If your business is a Partnership or Corporation list all officers:

Owner or
President: _____ (_____) _____
(Name) (Home Phone No.)

(Address)

Vice-President: _____ (_____) _____
(Name) (Home Phone No.)

(Address)

Secretary/
Treasurer: _____ (_____) _____
(Name) (Home Phone No.)

(Address)

Store Manager: _____ (_____) _____
(Name) (Home Phone No.)

(Address)

I am familiar with the provisions of Chapter 559, Sections 559.20/27, Florida Statutes, and agree to abide by them. I also understand that Local Business Tax Receipt must be paid and current to obtain approval of this permit.

(Date)

Signed _____

Title _____

INVENTORY CONTROL LOG

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PER (559.20/27, FLORIDA STATUTES)

USE AS MANY FORMS AS NECESSARY
TYPE OR PRINT/BLACK OR BLUE INK

[illegible]