



**SAN JOSE POLICE DEPARTMENT**  
 PERMITS UNIT  
 HOURS OF OPERATION:  
 TUE - FRI 8:30 am - 4:00 pm  
 (408) 277-4452



**CLOSING OUT SALE PERMIT APPLICATION**

**NEW**                       **RENEWAL**

Business Name: \_\_\_\_\_

Applicant's Name (including name of corporation and partners)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nature of Occupancy (Ownership, Lease, Sub-Lease, etc.): \_\_\_\_\_

Reason for sale: (Mortgage, Foreclosure, Bankruptcy, Receivership, Insolvency, etc., )

\_\_\_\_\_

\_\_\_\_\_

Date of Termination of tenancy: \_\_\_\_\_ Date of event: \_\_\_\_\_

Anticipated length of time of the sale: \_\_\_\_\_

The application for closing out sale must be supplemented by an inventory or statement setting forth the amount and description of goods, wares and merchandise to be sold at such sale including manufacture's name, lot number, the number of articles so numbered, colors, size which will make the identity of the goods listed on such inventory readily identifiable; the date of acquisition of such goods, wares and merchandise and the persons from whom obtained and the place from which said goods were last taken, together with a copy of all advertising used in connection with the sale.

**I attest that the foregoing information in this application and the supplements setting forth the inventory and the advertising to be used are true and that all of the goods, wares and merchandise to be offered for sale have not been acquired in contemplation of said sale. (NOTE: Any unusual purchases or additions to stock within 60 days prior to the filing of this application will be deemed presumptive evidence that said purchases or additions were made in contemplation of said sale.)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT COMPLETE THE SECTION BELOW - FOR SJPD VERIFICATION USE ONLY**

Inventory List attached

Vax Acct. No. \_\_\_\_\_

Interviewed by OD

Fees Collected: \$ \_\_\_\_\_ 1/2/3/ \_\_\_\_\_

**POLICE APPROVAL:**     YES/ NO

\_\_\_\_\_  
 Signature & Badge No.                      Date