



Finance and Administrative Services Department

REVENUE COLLECTION DIVISION / Tax & License Section

115 S. Andrews Avenue, Room A-100 Fort Lauderdale, Florida 33301 954-357-4829 FAX 954-357-5483

APPLICATION FOR OUT OF BUSINESS/FIRE SALE PERMIT (F.S. 559)

Application is hereby made by the undersigned for a permit to conduct a Going Out of Business/Fire Sale,

Beginning _____, 20____, and Ending _____, 20_____.

As a requirement to obtain this permit, please complete the following:

- < NAME OF BUSINESS _____
- < PLACE OF SALE _____
- < NATURE OF OCCUPANCY _____
- < DATE OF TERMINATION OF OCCUPANCY _____

This sale will be advertised by means of _____

and each advertisement shall contain the words:

“SALE HELD PURSUANT TO F.S.CHAPTER 559; BROWARD COUNTY PERMIT FOR ‘OUT OF BUSINESS/FIRE SALE’ NO. _____ GRANTED THE _____ DAY OF _____ 20_____”

A complete inventory of the goods, wares and merchandise to be offered for sale is attached to and made part of this application. I understand that only such items as appear on this inventory may be advertised, offered for sale or sold. I agree to keep an itemized list of all sales as they are made, to summarize this list daily, and to enter the summarized figures at the close of each day’s business on a copy of the inventory in such a manner as to provide the following information:

- < The inventory at the beginning date of the sale.
- < The quantity of each item sold during the day.
- < The quantity of each item remaining unsold at the close of each day’s business, and at the closing date of the sale.

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All Ad Valorem Taxes and Personal Property taxes must be paid through the current taxing year.

I agree to surrender to the Tax Collector for cancellation, the following local business tax receipts in my possession:

Type	Receipt/Serial or Acct. No.	Issued By
Business Tax Receipt		Broward County
Business Tax Receipt		Municipality/City

I am familiar with the provisions of Chapter 59, Section 559.20/25, Florida Statutes and agree to abide by them.

(Date)

(Signature)

(Title)

(For Broward County Revenue Collection Office Use Only)

Fee Paid \$ _____

Date _____

Control No. _____

Permit No. _____

Supervisor
Broward County Revenue Collection Division
Local Business Tax Section