PERMIT FOR GOING OUT OF BUSINESS

Please print and bring the form to the Town Clerk's Office, One Central Square, Plainville, CT 06062 to complete, wet sign, and pay the \$1.00 fee. Date of issue: _____ Expiration date: _____ This permit shall be valid for a period of 90 days from date of issue, and shall be posted in the sales room, if any, or place of business, from date of issue until final closing of business. Trade or Corporate Name: Business Address: If unincorporated: name, residence address of owner, partners or associates. If incorporated: names, residence address of officers and directors. Name: Address: Name: _____Address: ____ Inclusive dates of going-out-of-business sale, if any: _____to _____ Date on which business will cease operation: Signature of applicant: State of Connecticut, County of Hartford, ss Plainville, this ______ day of ______, 20____. Personally appeared______, who subscribed and swore to the truth of the foregoing certificate before me Town Clerk, Notary Public, Justice of the Peace, Commissioner of Superior Court I hereby certify that all municipal taxes or assessments, due the Town of Plainville have been paid in full. Date______, Revenue Collector