

Fee \$1.00

**PERMIT FOR GOING OUT OF BUSINESS**

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