



Close Out Sale Permit

City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703

licensing@cityofmadison.com
608-266-4601

(Number)

(scanned)

(Leg file number)

(Processing step)

(initials)

Corporate Information

Business Legal Name: _____

Business Address: _____

Corporate Contact Name & Position: _____

Phone & Email: _____

State Seller's Permit ID Number

Licensed Premise Information

Business dba Name: _____

Licensed Address: _____

Business Contact Name & Position: _____

Phone & Email: _____

Business Agent Name

Sale time frame: from _____ to _____ (not to exceed 60 successive days)

Inventory sheet attached

Corporate Officers, partners, directors, stockholders of business listed above:

Name	City, State	Office/position

The information above is true and correct to the best of my knowledge.

Business Agent Signature

Subscribed and sworn to before me this
_____ day of _____, 20____

Notary Public, Dane County, Wisconsin

My Commission Expires _____