



United City of Yorkville  
 651 Prairie Pointe Drive  
 Yorkville, Illinois 60560  
 630-553-4350

**Application for Insurance, Going Out of Business, or Fire Damaged Goods Sale License**

*Please print legibly in ink or type application.*

*License Term – 60 days  
 License Fee - \$100.00*

Application for: (check one) Insurance  Going out of Business  Fire Damaged

Applicant Name: \_\_\_\_\_

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

Office Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Business Email: \_\_\_\_\_

FEIN: \_\_\_\_\_ Illinois Tax Number: \_\_\_\_\_

Address where Sale is being held: \_\_\_\_\_

Dates that Sale will be held (not to exceed sixty (60) days): \_\_\_\_\_

Manner that such sale will be conducted: \_\_\_\_\_

Person or Business that will conduct sale: \_\_\_\_\_

Goods, wares or merchandise to be sold were procured from whom?: \_\_\_\_\_

Date of procuring the goods, wares, or merchandise?: \_\_\_\_\_

Please attach an inventory of the goods, wares or merchandise to be sold and a statement as to why such goods, wares, or merchandise are to be sold under the classification of an insurance/going out of business/fire damaged goods sale.

**Affidavit for an Insurance, Going Out of Business, or Fire Damaged Goods Sale License**

State of \_\_\_\_\_

County of \_\_\_\_\_

In witness whereof, the undersigned, being duly sworn verifies that the statements contained in this Application for an Insurance, Going Out of Business, or Fire Damaged Goods Sale License are true and correct, along with the acknowledgement by the applicant that denial of license or revocation of license may occur in the event of falsification of such information.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Printed Name of Applicant

\_\_\_\_\_  
 Applicant Title

\_\_\_\_\_  
 Date

SUBSCRIBED AND SWORN BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 NOTARY