JOE G. TEDDER, CFC

TAX COLLECTOR for POLK COUNTY, FLORIDA

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APPLICATION FOR PERMIT FOR FIRE AND OTHER ALTERED GOODS OR GOING OUT OF BUSINESS SALE

CHAPTER 559, PART III, FLORIDA STATUTES

To the Tax Collector, Joe G. Tedder, CFC, for Polk County, Florida:

Application is made for a permit to conduct a

CHECK ONE □ **FIRE AND OTHER ALTERED GOODS SALE**
□ **GOING OUT OF BUSINESS SALE**

Beginning on_____ **and ending**_____**.**
ENTER BEGINNING SALE DATE *ENTER ENDING SALE DATE*

As required by law, I submit the following information:

Place of sale: _____

Nature of occupancy: *CHECK ONE* □ **OWN** □ **RENT** □ **SUB-LEASE**

Date of Occupancy Termination: _____

This sale will be advertised by means of: _____

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and each such advertisement must contain the words:

FOR FIRE AND OTHER ALTERED GOODS SALE

"Sale held pursuant to Polk County Fire and Other Altered Goods Sale No. *(Sale #)* granted the *(Day Date)* day of *(Month & Year Date)*."

FOR GOING OUT OF BUSINESS SALE

"Sale held pursuant to Polk County Going Out of Business Sale No. *(Sale #)* granted the *(Day Date)* day of *(Month & Year Date)*."

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

1. The inventory at the beginning of the sale;
2. The quantity of each item sold each day; and,
3. The quantity of each item remaining unsold at the close of each day's business and at the closing date of the sale.

I agree to surrender to the Tax Collector's Office for cancellation the following Business Tax Receipt:

Account No: _____ Issued By: _____

I understand and will abide by the provisions of Chapter 559, Part III, Florida Statutes.

Signature:_____ **Title:**_____ **Date:** _____

TAX COLLECTOR'S OFFICE USE:	**This permit expires on** _____ **which is the 60th consecutive day following the day of issuance which includes Sundays and legal holidays.**