



# City of Lawrence

## Going Out of Business License Application

APPLICANT INFORMATION					
Name of Individual Owner, Partnership or Corporation:					
Business Address	Street:		City:	State:	Zip:
Mailing Address	Street:		City:	State:	Zip:
Business Phone:		Alternate Phone:		E-Mail Address:	
BUSINESS INFORMATION					
Name of Business to be Licensed:					
Business Manager	Last Name:	First Name:	Middle Name:	Phone:	E-Mail:
Home Address	Street:		City:	State:	Zip:
Street Address of Sale:			Sale Start Date:	Premises are: <input type="checkbox"/> Leased <input type="checkbox"/> Owned	

I HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ A COPY OF CHAPTER 6, ARTICLE 4, ([HTTPS://LAWRENCEKS.ORG/ATTORNEY/CITY CODE/](https://lawrenceks.org/attorney/city_code/)) OF THE CITY CODE OF THE CITY OF LAWRENCE, KANSAS. A COMPLETE INVENTORY OF THE GOODS TO BE SOLD AT SUCH SALE IS ATTACHED AS A PART OF THIS APPLICATION.

**SIGNS:** sign permits may be required in addition to the Going out of Business Sale License. Contact the Development Service Department at (785) 832-7700 for more information.

**RENEWAL PROCEDURE -** The license officer shall renew a license for one period of time only, such period to be in addition to the thirty (30) days permitted in the original license and not to exceed sixty (60) consecutive days, Sunday and holidays excluded.

**PLEASE INCLUDE:**  \$150.00 license fee for the initial 30 days  
 The above mentioned inventory list and purchased information

\_\_\_\_\_  
 APPLICANT'S NAME (Printed)

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 TODAY'S DATE

If you have any questions, or there is a need for additional information, please feel free to contact our offices.

**City Clerk's Office**  
 6 East 6<sup>th</sup> St.  
 PO Box 708  
 Lawrence, KS 66044  
[cityclerk@lawrenceks.org](mailto:cityclerk@lawrenceks.org)  
 (785) 832-3200