# GOING-OUT-OF-BUSINESS SALE - APPLICATION

Fairfax County Department of Cable Communications and Consumer Protection, Suite #127
12000 Government Center Pkwy, Fairfax, VA 22035
(703) 324-5966

**Date Permit No.:** _____ Date Business to Be Terminated: _____ **Date Permit Expires:** _____

Sale Location
Sale Name _____ Sale Street _____ Sale City _____, **VA** Sale Zip _____ Trade Phone _____

2nd Sale Location
Sale Name _____ Sale Street _____ Sale City _____, **VA** Sale Zip _____ Trade Phone _____

3rd Sale Location
Sale Name _____ Sale Street _____ Sale City _____, **VA** Sale Zip _____ Trade Phone _____

4th Sale Location
Sale Name _____ Sale Street _____ Sale City _____, **VA** Sale Zip _____ Trade Phone _____

5th Sale Location
Sale Name _____ Sale Street _____ Sale City _____, **VA** Sale Zip _____ Trade Phone _____

Business Headquarters Location
Business Name _____ Business Street _____ Business City _____ Business Zip _____ Bus Phone _____

Owner/Principal Name _____ Type of Ownership _____ Nature of Business _____ Date Sale to Start _____ Fairfax County BPOL License No. _____

Generally, describe merchandise: _____

Does sale include all stock on hand? _____ (Attach inventory of goods covered by this permit. Only items listed may be sold under this permit.)

Form of advertising: _____ (Attach copy of ad or text of radio or TV narrative or describe other media to be used.)