

CPCOS-01, New 1/18

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 FOOD & STANDARDS DIVISION
 Telephone: (860) 713-6160
 WebSite: www.ct.gov/dcp



APPLICATION FOR CLOSING-OUT SALE LICENSE

INSTRUCTIONS:

The individual applying for licensure must complete this form. This application **must be accompanied by a check or money order for \$200.00**, made payable to: **"Treasurer, State of Connecticut"**.
"The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. If you choose not to disclose your Social Security Number your application cannot be processed."

→ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 450 Columbus Blvd, Ste. 801, Hartford, CT 06103

Store Name			
Store Street Address	City or Town	State	Zip Code
Company Name (if different from above)			
Company Street Address	City or Town	State	Zip Code
Telephone Number (with area code)	Social Security or FEIN Number	CT Sales Tax Registration Number	
List the names, home addresses and titles of all persons associated in the ownership of the business:			
Name	Address		Title
Name	Address		Title
Name	Address		Title
Is the applicant the owner of the merchandise? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please attach a written explanation		Did you purchase the merchandise or the business specifically for this sale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach complete details pertaining to acquisition	
Type of business for which license is requested:		Description of merchandise to be sold:	
Indicate your advertising format (i.e., Going out of business, moving, liquidation)		Specify the dates of the sale (not to exceed 90 days) From _____ To _____	
Will a promoter be used for this sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the promoter(s) name and registration number below and refer to instructions.		
Indicate the total wholesale cost value of merchandise as set forth in the attached itemized inventory: \$		Warehouse Location (if applicable)	
Indicate the name and address of person(s) to whom the special deposit should be returned and payable to:			
Name (First Name, Middle Initial, Last Name)		Company Name	
Street Address	City or Town	State	Zip Code

I swear that the answers and statements in the foregoing application are true to the best of my knowledge. Further, I understand the conditions under which this license is issued, and that special sales as defined under Section 21-33 will offer no goods, wares, or merchandise other than those actually on hand in the place whereat such sale is to be conducted at the opening thereof.

 Signature of Applicant

 Date

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

 Notary Public

 My Commission Expires

CLOSING OUT SALE APPLICATION INSTRUCTIONS

Under the provisions of Chapter 407a of the Connecticut General Statutes, a person must obtain a closing out sale license from this department when a sale is advertised, represented or held forth as a "Closing Out Sale."

"Closing Out Sale" means all sales advertised, presented or held forth under the designation of "going out of business", "selling out", "liquidation", "lost out lease", "forced to vacate", "moving to a new location", or any other designation of like meaning.

If you have any compliance questions please email, dcp.foodandstandards@ct.gov, or you may call 860-713-6160.

To comply with the statutory requirements, the following procedure **MUST** be followed:

1. Complete the attached "Closing Out Sale" License Application and have it notarized. Completed application must be filed with the Department at least five (5) days in advance of the sale. A closing out sale may be conducted for no more than ninety (90) days.
2. Compile a detailed **original inventory**, listing all goods, wares and merchandise on hand at the place where the sale is to be conducted. Describe all items listed, including manufacturers name, model number, quantity and wholesale cost of each item. A **monthly inventory** must be filed for items sold during that month. A **final inventory** of items sold or otherwise disposed of must be filed, indicating to whom specifically, the remaining merchandise was dispersed.
3. The license fee of **\$200.00**, and a **Special Deposit**, must be submitted as two (2) checks, made payable to "**Treasurer, State of Connecticut**".

The amount of the Special Deposit is at least \$500.00, or a dollar amount equal to one percent (1%) of the total wholesale cost of the inventory filed, whichever is greater, to a maximum of \$5,000.00.

The Special Deposit is released after being held sixty (60) days subsequent to the surrender and cancellation of the license and final inventory statement, provided all claims authorized by statute have been satisfied.

4. If an outside **liquidator or promoter** is assisting you with this sale, the promoter must first obtain a promoter's registration from this department and you must enter into a signed written contract with the promoter. The contract must be dated and signed by both parties and contain the entire agreement between you and the promoter. The contract must also contain the name and address of the promoter.
5. **You are required to state your closing out sale license number and ending date of the sale on ALL advertising.**
6. **You must post your closing out sale license in a conspicuous location at the place of sale.**

FAILURE TO COMPLY WITH THE PROVISIONS OF THIS CLOSING OUT SALE ACT MAY RESULT IN THE SUSPENSION OR REVOCATION OF YOUR LICENSE AND IMPOSITION OF CIVIL PENALTIES.

**APPLICATIONS ARE MAILED TO: STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LICENSE SERVICES DIVISION
450 COLUMBUS BLVD, SUITE 801
HARTFORD, CT 06103**