



## Instruction Sheet for Going-out-of-Business Sale

City of Cleveland  
Division of Assessments & Licenses  
601 Lakeside Avenue, Room 122  
Cleveland, Ohio 44114

Phone: (216) 664-2264

Hours of Operation:  
8:00 a.m. to 4:30 p.m. Weekdays

[DALLicenses@clevelandohio.gov](mailto:DALLicenses@clevelandohio.gov)

### When do you need a Going-out-of-Business License?

Whenever a sales is described or referred to either directly or indirectly in form or in substance as a going-out-of-business sale, removal, loss, termination, loss or expiration of lease, closing out, liquidation, creditors, damaged goods, forced sale, distressed stock or by any other term which reasonably leads the public to believe that the owner or offeror of such goods, wares or merchandise either by choice or necessity will no longer continue to engage in business, at the same location.

City of Cleveland Codified Ordinance Chapter 673, Going-out-of-Business Sales.

City of Cleveland employees may not provide legal advice to the public. The information provided is for informational purposes only and is not legal advice. For questions regarding the application of a city ordinance or regulation, you should consult an attorney regarding your specific situation.

### How to obtain and/or submit a Ticket Broker License application

In Person/By Mail: Cleveland City Hall, Division of Assessments and Licenses, 601 Lakeside Avenue, Room 122, Cleveland, OH 44114.

### What to bring or submit to the Division of Assessments and Licenses

- 1) Completed and signed application.
- 2) If the wholesale market value of the goods, wares or merchandise to be offered for sale is greater than five thousand dollars (\$5,000.00), a bond that meets the following requirements:
  - In the amount of two thousand five hundred dollars (\$2,500.00);
  - Signed by at least two (2) sureties (other than the principal);
    - Must be authorized to write bonds in the State of Ohio;
  - Includes the stamp and/or seal of the Insurance Company (future dates prohibited);
  - Expires one (1) year from the application date;
  - The date on the Power of Attorney matches the Witness seal date on the bond (future dates prohibited).
- 3) An Excel spreadsheet of all goods, wares or merchandise which has been in stock fifteen (15) days or more from the date of this application.
- 4) An Excel spreadsheet of all goods, wares or merchandise which has been in stock fourteen (14) or less days from the date of this application.
- 5) An Excel spreadsheet of all goods, wares or merchandise which has been ordered and will be placed in stock during the duration of the sale.

**\*\*After the submission of the application, no additional inventory can be ordered. \*\***

- 6) Fee as listed below:

Itemized Inventory	Fee
Not more than \$5,000	\$10.00
\$5,000 to \$10,000	\$25.00
\$10,000 to \$25,000	\$50.00
More than \$25,000	\$75.00

Fees are payable by cash, check or credit card. All fees are non-refundable. Make checks payable to the City of Cleveland.



CITY OF CLEVELAND  
Mayor Justin M. Bibb

## Going-out-of-Business Sale Application

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Division of Assessments & Licenses  
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Date:	Fee: See Instruction Sheet	(All Fees are Non-refundable)
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### SECTION A - APPLICANT INFORMATION

Name of Applicant:			
Home Address:			
City:	State:	Zip:	
Home Phone #:	Email:		
Social Security #:	Date of Birth:		

### SECTION B - BUSINESS INFORMATION

<b>BUSINESS TYPE</b>			
<input type="checkbox"/>	Person (Sole Proprietorship)	<input type="checkbox"/>	Limited Liability Company
<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership (General or Limited)
<input type="checkbox"/>	Other (specify)		
Legal Name:			
DBA / Alias:			
Primary Business Address:			
City:	State:	Zip:	
Telephone #:	Email:		
Federal ID # – <b>REQUIRED:</b>			
Reason for Sale:			
Begin Date of Sale:	Anticipated End Date:		

### SECTION C- OWNERSHIP INFORMATION: Provide the full name, title, complete home address and telephone number of each corporate officer, owner, general partner, stockholder and/or director with a controlling interest. Make copies of this page if additional space is needed.

Name:	Title:
Home Address:	
City:	State:      Zip:
Telephone #:	Email:
Name:	
Title:	
Home Address:	
City:	State:      Zip:
Telephone #:	Email:
Name:	
Title:	
Home Address:	
City:	State      Zip:
Telephone #:	Email:

### SECTION D - DECLARATION

**I declare under penalty of perjury that the above information is true and correct, and I understand that if this information is found to be fraudulent, the license issued in association with this statement will be revoked. I declare under penalty of perjury that I have read and understand Chapter 673 of the Cleveland Codified Ordinances, and I agree to comply with all obligations under these laws pertaining to the aforementioned sale.**

**SIGNATURE OF APPLICANT**

