



SEMINOLE COUNTY TAX COLLECTOR
P.O. Box 630 | Sanford, FL 32772-0630 | 407-665-1000

WWW.SEMINOLECOUNTY.TAX

**FIRE OR GOING OUT OF BUSINESS SALE
PERMIT APPLICATION
F.S. CHAPTER 559, PART III**

TO THE SEMINOLE COUNTY TAX COLLECTOR:

Application is made for a permit to conduct a _____ sale beginning on _____ and ending on _____.

As required by law, I submit the following information:

Name of business: _____

Location of Sale: _____

Nature of occupancy: Own Rent Lease Sub-Lease

Date of Termination of Occupancy: _____

The sale will be advertised by the following means:

Such advertisement shall contain the words:

“Sale held pursuant to the Seminole County _____ Sale Permit No. _____ granted the _____ day of _____, _____.”

As required by law, I agree to provide a complete inventory of the goods to be offered for sale, a copy of which is attached to this application. Further, I understand and acknowledge that only such items as appear on this inventory may be 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 a manner as to provide the following information.

1. The inventory at the beginning date of the sale.
2. The quantity of each item sold daily.
3. The quantity of each item remaining unsold at the close of each day’s business.

In addition, all books and records shall be kept and shall be made available to the Tax Collector and/or the Sheriff upon request.

I agree to surrender to the Tax Collector for cancellation the following licenses.

| License Type | Account # | Issuing agency |
|--------------|-----------|----------------|
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I understand and will abide by the provisions of F.S. 559 part III

Title: _____

Printed Name: _____

Date: _____

Signed: _____