



Carlos Gimenez,  
Mayor

Finance Department  
Tax Collector's Division  
200 NW 2nd Ave  
Miami, Florida 33128  
T 305-375-5448 F 305-375-4214

miamidade.gov

**FIRE & GOING-OUT-OF-BUSINESS SALES & AUCTIONS  
PERMIT APPLICATION  
PURSUANT TO CHAPTER 559, SECS. 559.20/27 F.S.**

**PRINT OR TYPE ONLY**

**TO THE MIAMI-DADE COUNTY TAX COLLECTOR:**

Application is hereby made by the undersigned for a permit to conduct a: (Check One)

Going-Out-Of-Business Sale \_\_\_\_\_ Fire Damage Sale \_\_\_\_\_ Auction \_\_\_\_\_

Sale Beginning \_\_\_\_\_ and ending \_\_\_\_\_

Name of Business: \_\_\_\_\_ Corporation: Yes \_\_\_\_\_ No \_\_\_\_\_

Business Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Sale: \_\_\_\_\_  
(If other than business location)

This sale will be advertised by means of \_\_\_\_\_

\_\_\_\_\_

and each such advertising must contain the words:

\_\_\_\_\_ Sale held pursuant to Miami-Dade County  
(Kind of Sale)

Sale No. \_\_\_\_\_, granted the \_\_\_\_\_ day of \_\_\_\_\_, 201\_

**A copy of this proposed advertisement must accompany your application.**

If advertising under "GOING OUT-OF-BUSINESS" I agree to surrender to the Miami-Dade County Tax Collector for cancellation the following business license held by me.

Local Business Tax Receipt # \_\_\_\_\_

For Office Use ONLY  
Receipt No. \_\_\_\_\_ Amount Paid \$50.00 Permit No. \_\_\_\_\_  
LBT \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ By: \_\_\_\_\_  
(Date) (Date)



A complete inventory of the goods, wares and merchandise to be offered for sale is attached to and made a part of this application. I understand that only such items as appear on this inventory may be advertised, offered for sale and sold.

To further support this application, I agree to keep and visibly post for inspection 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 of 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 each day.
3. The quantity of each item remaining unsold at the close of each day's business and at the closing date of the sale.

If your business is a Partnership or Corporation list all officers:

Owner or  
President: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Home Phone No.)

\_\_\_\_\_  
(Address)

Vice-President: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Home Phone No.)

\_\_\_\_\_  
(Address)

Secretary/  
Treasurer: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Home Phone No.)

\_\_\_\_\_  
(Address)

Store Manager: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Home Phone No.)

\_\_\_\_\_  
(Address)

I am familiar with the provisions of Chapter 559, Sections 559.20/27, Florida Statutes, and agree to abide by them. I also understand that Local Business Tax Receipt must be paid and current to obtain approval of this permit.

\_\_\_\_\_  
(Date)

Signed \_\_\_\_\_

Title \_\_\_\_\_

