



DUVAL COUNTY TAX COLLECTOR

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DUVAL COUNTY
TAX COLLECTOR

231 E FORSYTH STREET, SUITE 130
JACKSONVILLE, FL 32202-3370

**APPLICATION FOR PERMIT
FIRE AND GOING-OUT-OF-BUSINESS
SALES AND AUCTIONS**

Florida Statutes, Chapter 559, Part III

Application is hereby made by the undersigned for a permit to conduct a _____ sale
(type of sale)
beginning ___/___/20___ and ending ___/___/20___. As required by law, the applicant submits the following information:
(date) (date)

Name of Business: _____

Location of Sale: _____

Applicant's relationship to business (check one): CEO President Vice President
 Other (explain): _____

Nature of Occupancy (check one): Own Lease Sublease Other (explain): _____

Date of Termination of Occupancy: ___/___/20___

(Attach notice of termination, contract for sale, etc.)

This sale will be noticed or advertised by means of: _____

All advertisements shall be in accordance with the purpose of the sale stated in this application and each such advertisement shall contain the exact following statement:

Sale held pursuant to Duval County, _____ Sale,
(type of sale)
Permit No. _____ granted the _____ day of _____, 20__.

A complete inventory of the goods, wares and merchandise to be offered for sale is attached to and made a part of this application. All items that are reported on tangible personal property returns filed with the Duval County Property Appraiser shall also contain the tangible personal property account or folio number. Only those items as are contained on this attached inventory will be advertised, offered for sale, and/or sold. No additions to inventory are allowed.

As required by law, an itemized list must be kept of all sales as they are made, summarized daily, and entered as the close of each day's business on a copy of the inventory list attached to this application in such a manner as to provide the following information:

- 1. The inventory (itemized) at the beginning date of the sale.
- 2. The quantity of each item sold each day, revising the inventory list, marking those items disposed of during the day.
- 3. The quantity of each item remaining unsold at the close of each day's business.
- 4. The quantity of each item remaining unsold at the closing day of the sale.
- 5. A copy of each purchase invoice for each item on the inventory list.

Such books and records as required by the Tax Collector shall be maintained and shall be made available during business hours upon request.

[Applies to Going-Out-Of-Business sales only] Permittee hereby surrenders to the Tax Collector for cancellation the following business licenses and tax receipts:

TYPE	LICENSE/RECEIPT NO.	ISSUED BY:
_____	_____	_____
_____	_____	_____
_____	_____	_____

The permit issued shall be prominently displayed near the entrance to the business.

Enclosed with the application is a non-refundable \$50 fee for a single location sale. The fee must be in the form of a money order or certified check made payable to the Tax Collector.

The undersigned acknowledges that a person who violates Florida Statutes, Chapter 559, Part III, is guilty of a misdemeanor of the second degree and that a violation of any provision of Chapter 559, Part III, may result in revocation of permit.

The undersigned certifies that all ad valorem taxes, both real property and tangible personal property, are paid through the current taxing year.

The undersigned acknowledges that this permit shall expire the 60th consecutive day following the day of issuance, including weekends and legal holidays, that this permit is not renewable, assignable or transferable, and that the sale must cease upon expiration of the permit.

The undersigned represents that the undersigned has the authority to sign on behalf of the applicant seeking this permit.

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated herein are true.

Signature

Print Name

Title

Notary Public, State of Florida at Large: _____

(FOR TAX COLLECTOR'S OFFICE USE ONLY)

This application approved on ___/___/20___ (date of approval)

This application denied Reason: _____

Fee paid: _____

Permit No.: _____

Authorized by:
Office of Duval County Tax Collector

Authorized by:
Office of Duval County Tax Collector

Signature

Signature

(print name and title)

(print name and title)

Date: _____

Date: _____

**THIS PERMIT IS NOT ASSIGNABLE OR TRANSFERABLE
AND SHALL NOT BE EXTENDED BEYOND THE ORIGINAL PERIOD FOR WHICH ISSUED.**