VILLAGE OF ASHWAUBENON
APPLICATION FOR CLOSING OUT SALE
2155 Holmgren Way . Ashwaubenon WI 54304 . (920)492.2302

Applicant Name: _____

Business Name: _____

If agent, list name of individual acting on behalf: _____

Place of Sale:
Address _____

City _____ State _____ Zip _____

Date of Sale:
From _____

To _____

Hours of operation _____

_____ _____
Date *Signature of Applicant*

Fees*
[ ] period not exceeding 15 days: $25.00
[ ] period not exceeding 30 days: $50.00
[ ] period not exceeding 60 days: $75.00

Extension
[ ] period not exceeding 30 days, request of _____ days: $25.00 per day

Date of amendment: _____

**Fee must include $1.00 per $1,000.00 of the price set forth on the inventory. A copy of inventory listing must be submitted with the application.*

Following to be filled out by Clerk's Office:

Application received: _____ Amount Paid: _____

Request Approved: _____ By: _____