



**Consumer
Affairs**

DEPARTMENT OF CONSUMER
AFFAIRS (DCA) LICENSING CENTER
42 Broadway, Lobby
New York, NY 10004
nyc.gov/dca | @NYCDCA

NYC SMALL BUSINESS
SUPPORT CENTER
90-27 Sutphin Blvd, 4th Floor
Jamaica, NY 11435

Special Sale Questionnaire

Applicants for a Special Sale license must answer a series of questions to demonstrate that the sale meets requirements for a DCA license.

Business Name: <i>(Name of License Applicant)</i>		
Proposed Special Sale Start Date:		
1. Sale Type: (Check one.)	<input type="checkbox"/> Adjustor's <input type="checkbox"/> Alteration <input type="checkbox"/> Assignee's <input type="checkbox"/> Branch Store <input type="checkbox"/> Discontinuance <input type="checkbox"/> Fire, Smoke, or Water Damage <input type="checkbox"/> Forced Out of Business <input type="checkbox"/> Going Out of Business <input type="checkbox"/> Insurance Salvage	<input type="checkbox"/> Liquidation <input type="checkbox"/> Loss of Lease <input type="checkbox"/> Mortgage <input type="checkbox"/> Remodeling <input type="checkbox"/> Renovation <input type="checkbox"/> Trustee's <input type="checkbox"/> Warehouse Removal <input type="checkbox"/> Other. Please specify: _____
2. Type of Merchandise:		
3. Total Value of Merchandise:	\$ _____	
4. Where will you advertise your sale? (Check all that apply.)	<input type="checkbox"/> Magazine <input type="checkbox"/> Newspaper <input type="checkbox"/> Online (e.g., store website or 3rd party site)	<input type="checkbox"/> Store window sign <input type="checkbox"/> Other. Please explain: _____
5. State the exact wording to be used in advertisements:		
6. Type of Occupancy:	<input type="checkbox"/> Lease from _____ to _____ <input type="checkbox"/> Sublease from _____ to _____ <input type="checkbox"/> Owner	

Signature

Print Name

Print Title/Position (if any)

Date