

APPLICATION FOR GARAGE SALE LICENSE

APPLICANT'S NAME: _____

OWNER OR LESSEE OF PROPERTY: _____

LOCATION OF SALE: _____

PHONE: _____

DATE(S) OF SALE: _____

DATE OF ANY PAST SALE: _____

RAIN DATE(S): _____

*IF APPLICANT IS NOT THE OWNER OR LESSEE OF THE PROPERTY
PERMISSION OF THE OWNER MUST BE GIVEN

I swear/affirm that the information given above is true.

Signature of Applicant

A garage sale license shall be issued to any one person no more than two times within a twelve month period, and no such license shall be issued for more than three consecutive days.

APPLICATION # : _____

RECEIVED BY: _____

DATE ISSUED: _____