

APPLICATION FOR GARAGE SALE LICENSE

(NO SALES PERMITTED ON SUNDAYS)

DATE _____ CAD # _____

NAME OF RESIDENT / PERSON CONDUCTING THE SALE.

LOCATION OF SALE _____

DATE SALE COMMENCES _____ # OF DAYS _____

I HEREBY SWEAR OR AFFIRM THAT THE INFORMATION SHOWN ABOVE IS FULL AND TRUE
AND KNOWN BY ME TO BE SO.....

******PAYMENT BY CHECK OR MONEY ORDER ONLY******

APPROVED & \$10.00 FEE PAID

DISAPPROVED

SIGNATURE

NAME _____