

Yard Sale Application

NAME: *(Owner of Property on which sale is to be conducted)*

(LAST)

(FIRST)

(MIDDLE)

ADDRESS:

Street: _____

City, State: _____

Zip Code: _____

Home Telephone Number: (____) _____

(Address where sale is to be conducted)

DATES OF SALE: _____ **AND** _____ **RAIN DATES:** _____ **AND** _____

NOTE: IF APPLICANT IS OTHER THAN OWNER, WRITTEN CONSENT IS REQUESTED

NUMBER OF DAYS OF SALE: _____ **HOURS OF SALE:** _____ **TO** _____
(NOT TO EXCEED 2 CONSECUTIVE CALENDAR DAYS AND MUST BE BETWEEN THE HOURS OF 9:00 AM AND DUSK ONLY)

NUMBER OF PRIOR SALES HELD WITHIN THE PAST TWELVE (12) MONTHS NOT INCLUDING THIS REQUEST: _____

NUMBER OF SALES ANTICIPATED DURING NEXT TWELVE (12) MONTHS: _____

HAS APPLICANT BEEN ISSUED ANY OTHER VENDORS LICENSE BY OTHER LOCAL, STATE, OR FEDERAL AGENCY? YES () NO ()

IF YES, LIST DATE, TYPE AND AGENCY? _____

I, _____, do hereby certify that the answers to the questions, stated in this application are true and accurate in every particular, to the best of my knowledge.

Signature of Applicant

Date

TO BE COMPLETED BY ISSUING AUTHORITY

APPROVED () LICENSE NUMBER: _____

DISAPPROVED ():

Reason: _____

Authorized Police Department Representative/Date
