

APPLICATION FOR:

GARAGE SALE

1. NAME OF PERSON, FIRM, GROUP, CORPORATION, ASSOCIATION OR ORGANIZATION CONDUCTING SAID SALE: _____
2. ADDRESS OF APPLICANT: _____
3. NAME OF OWNER OF PROPERTY ON WHICH SAID SALE IS TO BE CONDUCTED: _____
BLOCK _____ LOT _____
4. LOCATION AT WHICH SALE IS TO CONDUCTED _____
5. DATE(S) AND NUMBER OF DAYS OF SALE: _____
6. RAIN DATE(S): _____
7. DATE(S) AND NATURE OF ANY PAST SALE: _____
8. RELATIONSHIP OR CONNECTION APPLICANT MAY HAVE HAD WITH ANY OTHER PERSON, FIRM, GROUP, ORGANIZATION, ASSOCIATION OR CORPORATION CONDUCTING SAID PREVIOUS SALE(S) AND THE DATE(S) OF SUCH SALE: _____
9. HAS APPLICANT BEEN ISSUED ANY OTHER VENDOR'S LICENSE BY ANY LOCAL, STATE OR FEDERAL AGENCY? _____ IF SO, GIVE DETAILS: _____

APPLICANTS NAME: _____

DATE: _____

Email Address: _____ Phone # _____