

**APPLICATION FOR CONDUCTING A GARAGE SALE OR
OUTSIDE CHRISTMAS CRAFT MARKET STAND
TOWNSHIP OF HOPE, NEW JERSEY**

Applicant Name _____ Date _____

TYPE OF SALE (Circle One): **GARAGE** **Christmas Craft Market**

GARAGE SALE USE ONLY: \$2.00 fee is required at time of application

BLOCK _____ LOT _____

Address _____

Mailing Address (if different from above)

Date(s) of sale _____ (2 day limit)

Rain Date _____

Time of the Sale _____

(Sale must be held between 8:00am to 6:00pm)

CHRISTMAS CRAFT MARKET USE ONLY: Sat. 10am- 5pm & Sun. 10am-4pm

\$30.00 fee is required at time of application

Mailing

Address _____

Contact Number _____

Description of Craft

Location _____

Set up size _____

Mail to: PO Box 284 Hope, NJ 07844 Att: Christmas Craft Market

NO REFUNDS