VILLAGE OF ST. JOHNSVILLE
16 Washington Street
St. Johnsville, NY 13452

APPLICATION FOR GARAGE SALE PERMIT

1) Name of applicant / person (s) conducting garage sale
   _____
2) Address / location of garage / yard sale
   _____
3) Date (s) sale will be held
   _____
4) Is applicant owner of premises? Yes____ No____
5) Do you have consent of owner to conduct sale?
   Yes____ No____

Signature of applicant_____
Date_____

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Date application received_____
Permit granted Yes____ No____
Issued by_____
Remittance amount_____
Date paid_____