



Date of Application: _____

Name of Applicant: _____

Address: _____

Phone #: _____

If sale is for charitable purposes, name of and contact person for charitable organization:

Charitable organization	Contact person	Contact #
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Exact location of sale: _____

Name of property owner: _____

Phone # of property owner: _____

(if owner is not the applicant, written consent of the owner must be attached to this application)

Date of sale: _____

Has any sale been conducted on this same property location during this calendar year?

Yes No If yes, on what date(s)? _____

What arrangements, if any, have been made for parking? _____

Signature below verifies that the ordinance has been read and understood by the applicant.

Signature of Applicant	Date
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.....DO NOT WRITE BELOW THIS LINE.....

PERMIT

Application for Garage Sale Permit is: Approved Denied

Special Conditions: _____

For Town of Coats: _____

Signature and Title

Date