

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\_\_\_\_\_

\*\*\*\*\*

Date application received\_\_\_\_\_

Permit granted Yes\_\_\_ No\_\_\_

Issued by\_\_\_\_\_

Remittance amount\_\_\_\_\_

Date paid\_\_\_\_\_