

PERMIT NUMBER:

EXPIRATION DATE:

# **GARAGE SALE APPLICATION**

## **PERMIT INFORMATION**

**1. Type of Permit**

\_\_\_\_\_ \$15 - Garage Sales are allowed once per quarter (3 day limit).

**Period of time for which license is to be issued: From:\_\_\_\_\_ To: \_\_\_\_\_**

**2. Applicant Information**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Sale \_\_\_\_\_ Sedgwick, Kansas

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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Office Information:

Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_ Clerk Approval \_\_\_\_\_