



CITY OF JOHNSTOWN
Office of the City Clerk
33-41 East Main Street
Johnstown, New York 12095
(518) 736-4011

- OFFICE USE ONLY -

Date: ____/____/____

Permit #: _____, 20____

Signature: _____

GARAGE SALE APPLICATION / PERMIT

Permit valid for 3 consecutive days, including begin date

APPLICANT INFORMATION

Name: _____ Phone #: _____

Address: _____, New York

Email: _____

OWNER INFORMATION, IF DIFFERENT THAN APPLICANT

Name: _____ Phone #: _____

Address: _____ - _____, New York

Email: _____

LOCATION OF SALE

Begin date : ____/____/____

End date: ____/____/____

By signing below I affirm that I:

1. Have been provided with a copy of the Garage Sale Law (§11-105);
2. Have not had more than two (2) garage sales this year (this does not include the city wide sales);
3. Have not been denied a garage sale permit within the past year; and
4. Understand that this permit **is not** assignable and is subject to the requirements of the Ordinances of the City of Johnstown.

Dated: ____/____/____

Applicant signature