



PERMIT #: _____

CITY OF JOHNSTOWN

GARAGE SALE APPLICATION / PERMIT

The undersigned hereby makes an application for a permit to hold a garage sale in the City of Johnstown and certifies the following facts to be true:

Applicant Name: _____ Phone #: _____

Applicant Address: _____, New York

Location of Sale (if different than above): _____ Johnstown, New York

Date(s) of Sale (limited to 3 consecutive days): ____ / ____ / ____ - ____ / ____ / ____

Please answer all of the following:

1. Is this sale for a business, selling for another party or on consignment? Yes / No
2. Are the items being sold household items that belong to you? Yes / No
3. Have you been provided with a copy of the Garage Sale Law (§11-105)? Yes / No
4. How many garage sales have you had this year? _____
5. Have you been denied a garage sale permit within the past year? Yes / No

By signing below, I understand that this permit **is not** assignable and is subject to the requirements of the ordinances of the City of Johnstown.

Dated: ____ / ____ / ____

Applicant signature

- OFFICE USE ONLY -

Fee paid: _____ Receipt #: _____

Location of Sale: _____

Date(s) of Sale: ____ / ____ / ____ -- ____ / ____ / ____

Date: _____ City Clerk's Office: _____