

# Residential Garage Sale Application

Name of person(s) having the sale: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address of Sale: \_\_\_\_\_

Is the above address a commercial location? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you a non-profit organization according to federal guidelines?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of organization: \_\_\_\_\_

Is the above address an apartment complex, duplex, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Sale: \_\_\_\_\_

Do you have a business license? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had any other garage sales this calendar year? Yes \_\_\_\_\_ No \_\_\_\_\_

**I hereby certify that the information contained above is complete, true  
and correct to the best of my knowledge.**

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_