

Town of Sweden

18 State Street  
Brockport, NY 14420  
(585) 637-8684

Application No. \_\_\_\_\_  
Date: \_\_\_\_\_  
Fee: \$5.00 Nonrefundable

Application for Garage Sale Permit

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Own  Rent  If rent, Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Location of Sale: \_\_\_\_\_

Dates of Sale (maximum of three (3) days): \_\_\_\_\_

Hours of Sale (if other than 9:00 a.m. to 8:00 p.m.): \_\_\_\_\_

Signs (May be exhibited no more than two (2) days prior to sale and all must be removed by the end of the final day of the sale)

- 1. On property (no more than two (2) (6 ft square each) on property):

Yes  No

- 2. Directional (no more than two (2) (6 ft square each)): Yes  No

If yes: (Written permission from owner is required.)

Location 1: \_\_\_\_\_

Location 2: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

OFFICE USE ONLY	
FEE PAID _____	Check No _____ Cash _____
1 <sup>ST</sup> SALE _____	APPROVED _____ DISAPPROVED _____
2 <sup>ND</sup> SALE _____	PERMIT ISSUED _____
CHANGE OF OWNERSHIP _____	SIGNS REMOVED _____ INITIALS _____
3 <sup>RD</sup> SALE _____	_____
	_____