

Town of Sweden

18 State Street  
Brockport, NY 14420  
(585) 637-2144

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 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_