BOROUGH OF ESSEX FELLS
PERMIT APPLICATION

GARAGE, YARD, HOUSE, DRIVEWAY SALES

Name	
Address	
Home Phone	
Business Phone	

LOCATION OF SALE: _____

DAYS OF SALE: _____
Days and Dates

TYPE OF SALE:

Garage _____

Yard _____

House _____

Driveway _____

Other Similar _____ (Please explain below)

_____

_____

HOURS OF SALE: _____ a.m. to _____ p.m.

GENERAL DESCRIPTION OF MERCHANDISE TO BE SOLD: _____

_____

_____

NUMBER OF SALES THIS CALENDAR YEAR: _____

I hereby certify that the foregoing statements and facts set forth on this application are true and correct.

Signed _____
Applicant

Approved _____ License # _____

Borough Clerk