

**CITY OF DEARBORN  
CITY CLERK  
13615 Michigan Ave, Suite 2  
Dearborn, MI 48124**

**APPLICATION FOR A GARAGE SALE LICENSE**

**\*\*\*PLEASE PRINT\*\*\***

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

**DEARBORN, MICHIGAN**

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

STARTING DATE \_\_\_\_\_ THRU \_\_\_\_\_ ENDING DATE

**NON-REFUNDABLE**

**You may have two (2) sales per year. Three (3) consecutive days each. Please note: On Public Service Days there is no parking on the street from 7 a.m. thru 4 p.m.**

<b><u>CODE</u></b>	<b><u>TYPE OF LICENSE</u></b>	<b><u>FEE</u></b>
041	GARAGE SALE	\$ 3.00 (FIRST SALE)
042	GARAGE SALE	\$15.00 (SECOND SALE)

\_\_\_\_\_  
LICENSE NO.

I agree to follow The Dearborn Code of Ordinances, Section 12, Article V, Entitled **GARAGE SALES AND WILL NOT PLACE SIGNS ON PUBLIC PROPERTY**, including telephone and utility poles.

**I HEREBY SWEAR or AFFIRM** that all statements made hereon are true and correct.

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

**PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO: CITY OF DEARBORN**

**NO CREDIT CARDS**