

**CITY OF DEARBORN
CITY CLERK
13615 Michigan Ave, Suite 2
Dearborn, MI 48126**

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 8 a.m. thru 4 p.m.

<u>CODE</u>	<u>TYPE OF LICENSE</u>	<u>FEE</u>
041	GARAGE SALE	\$5.00 (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