

**Yard / Garage Sale Application & Permit
Town of Fallsburg, New York**

Name of Applicant: _____

Street & Mailing Address: _____

Telephone # _____

Location of Sale: _____

Date (s) of Sale: (3 days each sale / 3 x's per year)

- | | |
|-----------|-----------|
| 1.) _____ | 1.) _____ |
| 2.) _____ | 2.) _____ |
| 3.) _____ | 3.) _____ |

- | |
|-----------|
| 1.) _____ |
| 2.) _____ |
| 3.) _____ |

Description of items to be sold:

Applicant Signature & Date: _____

Town Clerk's Office Signature & Date _____

(Town Seal)