

CITY OF MOUNTAIN HOME

APPLICATION FOR GARAGE / YARD SALE

APPLICANT NAME: _____
(Please Print)

DATE(S) OF SALE (maximum 3 days): _____, 20__

ADDRESS OF SALE: _____

- ✓ I CERTIFY I WILL ABIDE BY ORDINANCE NO. 2009-11 REGARDING GARAGE SALES

- ✓ I CERTIFY I WILL HAVE THE GARAGE SALE PERMIT & RECEIPT AVAILABLE FOR POSSIBLE INSPECTION BY CITY OR POLICE OFFICIALS

- ✓ I ACKNOWLEDGE THAT I AM ALLOWED ONLY TWO (2) PERMITS PER RESIDENCE EACH CALENDAR YEAR

APPLICANT'S SIGNATURE: _____

DATE OF APPLICATION: _____ FEE COLLECTED: \$ _____

SIGNED: _____ () CASH () CHECK # _____
Secretary/Secretary's Agent

Administrative Secretary's Office
720 South Hickory Street
Mountain Home, AR 72653
870-425-5943