Garage Sale Permit Application
Newtown Borough

Applicant Information

Applicant Name: _____ Date of Application: _____

Applicant Address: _____

Phone: _____ email: _____

Property Owner Name: _____ email:_____

Owner Address: _____

Property Address of Sale: _____ TMP #: 28-_____

Sale Details

Date of Sale: _____ Hours of Sale: _____ Date of Past Sale: _____

Nature of Past Sale: _____ Relationship to Prior Sale: _____

Other Vendor Permits: Has the applicant been issued any other vendor's permit by any local, state, or federal agency? ☐ Yes   ☐No

Attestation The applicant hereby signifies with the signature below that he/she affirms that the information given herein is true and correct to the best knowledge of the applicant. Additionally, the applicant agrees to all of the conditions of the permit and has a complete and thorough understanding of the ordinance(s) under which this permit is issued.

Applicant Signature: _____ Date: _____

Permit Limitations & Regulations (Chapter 305) Frequency: Permits shall be issued to any one person only twice within a 12-month period; no permit shall exceed one day. No more than two permits per premises with a 12 month period. **Organizations:** Charitable, religious, and civic groups may exceed the 12-monnth limitation with Council approval. **Display:** Permit must be prominently displayed on-site during the sale. **Operating Hours:** Sales allowed only between 9:00 a.m. and 6:00 p.m.. **Prohibited Dates:** No sales on Sundays, federal/state holidays , the first Saturday in June/December , or Mayor-declared holidays. **Signage:** Only one sign (max 4 sq. ft.) permitted on the premises. Must include name, address, and permit date. Post no earlier than 48 hours prior; remove within 24 hours after. **Decorum:** Permit holder and owner/tenant are jointly responsible for order. No loud conduct or traffic obstruction. **Penalties:** Fines up to $300.00 and costs, or up to 30 days imprisonment.

Internal Office Use Only:

Zoning District: _____ Zoning Officer Initials: _____ Date: _____