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| Port A borough seal.jpg | **Port Allegany Borough****Application for Garage/Yard Sale License****Applications and payment must be returned to the Port Allegany Borough Office** **45 W. Maple Street, Port Allegany, PA 16749** |

**I. Applicant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Phone Number |       |

**II. Address Where Sale Will Be Held**

|  |  |
| --- | --- |
| Owner/Tenants Name (*If different than applicant)* |       |
| Street Address  |       |
| City | Port Allegany | State | PA | Zip | 16743 |

If you are not the owner/tenant of the property, do you have the owner/tenants permission to hold a sale at this address?

[ ]  Yes [ ]  No

**III. Date(s) of Sale**

This Garage/Yard Sale License is valid for up to 3 consecutive days. Please list the dates and hours of your sale in the table below. In the event of inclement weather, this license can be extended to include a rain date. To request a rain date, please notify the Borough Office on the first working day after the date you sale was originally scheduled.

|  |  |  |
| --- | --- | --- |
| **Day** | **Date(s) of Sale** | **Hours of Sale** |
| **1** |       |       |
| **2** |       |       |
| **3** |       |       |
| **Rain Date** |       |       |

**IV. Prior Yard/Garage Sales**

Have you had any garage sales in the past 12 months? [ ]  Yes [ ]  No

Residents are limited to no more than two (2) Garage/Yard sales in a 12 month period, with a minimum of two (2) weeks in between sales. If you have held a sale(s) in the past 12 months, please list the dates below.

|  |  |
| --- | --- |
| **Sale** | **Date(s) of Sale** |
| **1** |       |
| **2** |       |

**V. Off Street Parking**

Is off street parking available at the location of the sale? [ ]  Yes [ ]  No

If off street parking is not available, traffic control may be required at the order of the police department. If required, it must be provided by an individual approved by the department at the cost of the applicant.

**VI. Vendor’s License**

Have you been issued a vendor’s license from any local, state, or federal agency to hold this sale?

[ ]  Yes [ ]  No *If yes, please provide a copy of the license.*

**Owner/Tenant Signature:**

In making this application, the undersigned agrees that upon application approval, the applicant will be bound by the provisions contained in the pertinent ordinances, rules, and regulations of the Port Allegany Borough. By signing below, the applicant also attests that all information provided on this application is true and accurate to the best of their knowledge and that as the owner/tenant of the property, that they consent for the use of the premises for the purpose of conducting a garage/yard sale on the dates shown above, and that they accept all legal responsibilities for the protection of the health and safety of persons entering into or onto the premises.

Signature: Date:

**For Office Use Only**

|  |  |
| --- | --- |
| ***Payment Method:***[ ]  Cash [ ]  Check / Money Order #:  | ***Amount Paid:***       |
| ***Approved by:*** | ***Date:***       |