



510 Herman Avenue
Lemoyne, Pa. 17043
717-737-6843

YARD SALE PERMIT

Date(s) of Sale: _____

Place of sale: _____

Applicants name and address: _____

Name and address of person(s) conducting sale:

Address of owner(s) of place of sale and owners signature consenting to sale:

Owners Signature

Name of occupant(s) of place of sale: _____

Dates of previous sales at aforementioned place of sale held in the twelve (12) month period proceeding the date of this application. _____

If applicant is neither a resident of place of sale nor the owner thereof, state relationship of applicant to the owner and occupation of place of sale: _____

If sale is not conducted by the applicant, state relationship of applicant to person conducting sale: _____

The information given in this application is true, correct and complete to the best of my (our) knowledge, information, and belief. I (we) understand that any false statements or misleading omissions herein may subject me (us) to the penalties provided by the Crimes Code.

Applicant Signature Date

Applicant Signature Date

PERMIT GRANTED: _____
Signature of Borough Official Date