



# CITY OF GOLIAD

152 W. END STREET / P.O. BOX 939  
GOLIAD, TEXAS 77963  
PH: 361-645-3454 ~ FAX: 361-645-8315

## GARAGE SALE PERMIT APPLICATION

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Sale: \_\_\_\_\_

Date(s) of Sale (Not to exceed 3 days): \_\_\_\_\_

I, \_\_\_\_\_ in making application understand the provisions of the City Code pertaining to Garage Sales and by my signature below make assurance that **I am the rightful owner, renter or lessee of the property at which the sale will be held.** Further I understand and agree that:

- My sale may only take place within the hours of 7:00 AM to 6:00 PM;
- The sale may last no longer than three (3) consecutive days;
- **FOOD ITEMS MAY NOT BE SOLD;**
- The City has the right to verify compliance with this ordinance;
- Only personal property shall be sold and no consignment or retail goods shall be sold;
- This Permit is not transferrable;
- The Permit must be displayed at all time during the sale; and
- No new application will be accepted for this location or by this applicant within sixty (60) days from the last day of the sale permitted herein.

By my signature I declare that all the above listed information and assurances are agreed to and that I will abide by the City Code concerning Garage Sales as adopted by the City Council under Ordinance 2009-532. This application for permit duly signed this \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

Application Checklist (to be completed by City Official):

Completed Application     Proof of Residency     Application Fee     Provided Applicant with copy Of Ordinance

Application approved:     Yes     No    This constitutes the Applicants\_\_\_\_ authorized sale for the Calendar Year 20\_\_.

Dates of Approved Sale: \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date