



CITY OF CAPE MAY

643 WASHINGTON STREET
CAPE MAY, NJ 08204
(609) 884-9534 OR (609) 884-9529



YARD SALE APPLICATION

1. Person Having the Yard Sale: _____

2. Property Owner Name: _____ Phone #: _____

3. Email Address: _____

(If applicant is not the property owner, written consent must be secured from the owner)

4. Owner Signature: _____

5. Address of Yard Sale: _____

6. Date(s) of Yard Sale: _____ Rain Date: _____

(Not to exceed two (2) consecutive calendar days within a twelve (12) month period)

7. Date(s) of Previous Yard Sale: _____

8. Relationship or connection with any other person conducting a previous sale, and the date of such sale:

9. Have any other Vendor or Mercantile License been issued by any local, state or federal agency:

PERMIT EACH \$2.00

PERMIT #: _____ DATE: _____

THE INFORMATION PROVIDED ABOVE IS FULL AND TRUE TO THE BEST OF MY KNOWLEDGE. I HAVE ALSO RECEIVED A COPY OF THE ORDINANCE PERTAINING TO YARD SALES.

Signature

Date

**SEE CHAPTER 407
YARD SALES IN THE REVISED GENERAL ORDINANCES OF THE CITY OF CAPE MAY**