



TOWN OF LITCHFIELD

P.O. BOX 488
LITCHFIELD, CT 06759

Permit No. _____

Permit Fee: \$ 5.00 - Paid: Cash _____

No. Tag Sales This Year: 1 2 3

Check _____

APPLICATION FOR TAG SALE PERMIT

Applicant's Name _____

Address _____

Phone _____

Other Participants _____

Location of Sale _____

Date(s) of Tag Sale _____

The property to be sold is owned by applicant(s) and is my/our own personal property and was neither acquired or consigned for the purpose of resale.

Applicant's Signature _____

Reminders: Please do not attach tag sale signs to utility poles. Immediately following your sale, retrieve all signs that you have displayed. Regarding parking, please direct cars to park on one side of the road for emergency vehicle passage or make arrangements with a nearby parking lot or large yard to avoid accidents.

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FOR OFFICE USE ONLY

Approved by _____
First Selectman

Date _____

Approved by _____
Police Department

Date _____

Distribution: Applicant, Police, Office File