

BOROUGH OF MONT ALTO  
P O BOX 427  
MONT ALTO, PA 17237  
PHONE (717) 749-5808

**APPLICATION FOR YARD SALE PERMIT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_

Name, Address and Phone Number of additional persons participating in the Sale that do not reside at the property listed above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE APPLIED: \_\_\_\_\_

DATE OF YARD SALE \_\_\_\_\_

HOURS OF OPERATION \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

A copy of Yard Sale Ordinance No. 426 will be provided when the application is filled out. Please read the Ordinance and abide by the regulations contained therein.

APPROVED

DISAPPROVED

\_\_\_\_\_  
**APPROVED BY:**

\_\_\_\_\_  
**DATE:**