

**CITY CLERK'S OFFICE**  
**CITY OF DEARBORN**  
**16901 Michigan Avenue, Ste. 11**  
**Dearborn, Michigan 48126-2967**  
**Hours 8:00 A.M. to 5:00 P.M.**  
**APPLICATION FOR GARAGE SALE LICENSE**

**\*\* PLEASE PRINT \*\***

\_\_\_\_\_ Date of Application

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

**DEARBORN, MICHIGAN**

City State Zip Code

\_\_\_\_\_  
Phone Number

STARTING DATE \_\_\_\_\_ THRU \_\_\_\_\_ ENDING DATE

**NON-REFUNDABLE**

\_\_\_\_\_  
You may have two (2) sales per year. Three (3) consecutive days each. Please note: On Public Service Days there is no parking on the street from 8 a.m. thru 4 p.m.

<u>CODE</u>	<u>TYPE OF LICENSE</u>	<u>FEE</u>	
041	GARAGE SALE	\$ 5.00	
042	GARAGE SALE (2ND)	15.00	
_____	_____	_____	<u>LICENSE NO.</u> _____

I agree to follow The Dearborn Code of Ordinances, Section 12, Article V, Entitled **GARAGE SALES AND WILL NOT PLACE SIGNS ON PUBLIC PROPERTY**, including telephone and utility poles.

**I HEREBY SWEAR or AFFIRM** that all statements made hereon are true and correct.

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

**PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO: CITY OF DEARBORN**

**NO CREDIT CARDS**