APPLICATION FOR GARAGE SALE PERMIT
CITY OF HAWTHORNE
LICENSING & CASHIERING
4455 WEST 126TH STREET    FEE ______________
HAWTHORNE, CA  90250
(310) 349-2935 OFFICE
(310) 978-9858 FAX

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT TO HOLD A GARAGE SALE AT THE FOLLOWING ADDRESS:

_______________________________________________________________________________________

STREET ADDRESS & UNIT /APT NUMBER

_______________________________________________________________________________________

CITY

ZIP CODE

DATES:

MONTH                DAY(S)                       YEAR    (LIST TWO CONSECUTIVE DAYS OR LESS ONLY)

THE FOLLOWING PERSONS ARE, OR WILL BE INVOLVED IN THE SAID GARAGE SALE:

NAME   ADDRESS   TELEPHONE NO.

_________________________  _____________________________   ______________________

_________________________ _____________________________  ______________________

_________________________ _____________________________  ______________________

THE PRESENT USE OF THE PREMISES TO BE USED IS (   ) HOME (   ) APT.  (    ) OTHER

THE OWNER OF THE PROPERTY IS: _______________________________________________ ZONING: ______________________

NUMBER OF GARAGE SALES HELD THIS YEAR __________________________

H.M.C. 5.46.010-060 INVENTORY LIST IS REQUIRED. PLEASE TYPE OR PRINT CLEARLY, INCOMPLETE FORMS WILL BE CONSIDERED VOID. A DESCRIPTION OF ALL ITEMS TO BE SOLD, INCLUDING SERIAL NUMBERS IS REQUIRED. ( THE SERIAL NUMBERS OF ALL ITEMS WHICH NORMALLY CONTAIN SERIAL NUMBERS, SUCH AS BUT NO LIMITED TO, COMPUTERS, RADIOS, TELEVISION SETS, AND APPLIANCES.) THE PERMIT FEE IS $5.00 FOR RESIDENTIAL ZONE AND $10.00 FOR COMMERCIAL ZONES. YOU ARE ONLY ALLOWED TWO (2) GARAGE SALES PER CALENDAR YEAR.

INVENTORY LIST

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IF THE PERMIT IS GRANTED, I AGREE TO COMPLY WITH ALL LAWS, STATE, FEDERAL, AND LOCAL.

_________________________________________________   ________________________________________________

APPLICATION RECEIVED BY      SIGNATURE OF APPLICANT

_________________________________________________  ________________________________________________

DATE       RESIDENCE ADDRESS

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