

200 HIGHWAY 26 EAST, POPLARVILLE, MS 39470 Phone: 601-795-8161 Fax: 601-795-0141 deputyclerk2@poplarvillems.gov cityhall@poplarvillems.gov

YARD SALE PERMIT APPLICATION

TO BE COMPL	ETED BY APPLICANT:	DATE	DATE	
Name of Applica	ant			
Address				
Phone	Cell		Fax	
<i>IF</i> Organization: Name of				
Address:				
Phone	Ce	ell	Fax	
NOTE: A	Attach written proof of statu	ıs.		
LOCATION OF	SALE:			
Type of Sale:		Date of Proposed Sale:		
Dates of sales h	neld during the last 12 month	s at this address <u>OR</u> by applic	ant:	
		Phone #:		
Signature of Pro	pperty Owner, Giving Permiss	sion:		
	or per location. I agree to ab	Yard Sale Ordinance which a bide by the rules and regulation		
	SIGNED THIS THE	DAY OF	, 20	
*		± ±	Applicant * * * *	
AMT. PAID:	DATE:	RECEIPT #:	CLERK:	

RECEIPT MUST BE POSTED DURING THE SALE

We are an Equal Opportunity Service Provider