

CITY OF CHICAGO HEIGHTS

LORI WILCOX

OFFICE OF THE CITY CLERK

1601 Chicago Road, Chicago Heights, IL 60411 / 708 756-5304 / Fax 708 756-5310

DATE _____

PERMIT # _____

APPLICATION TO CONDUCT A GARAGE SALE, ESTATE SALE, MOVING SALE OR YARD SALE

**LICENSE FEE: \$6.00 FOR A ONE (1) OR TWO (2) DAY PERMIT
MAXIMUM TWO CONSECUTIVE DAYS FOR SALE ALLOWED
MAXIMUM TWO (2) PERMITS PER HOUSEHOLD PER YEAR**

TO: CITY CLERK

THE UNDERSIGNED HEREBY MAKES APPLICATION TO CONDUCT A GARAGE SALE WITHIN THE CITY OF CHICAGO HEIGHTS.

DATE (S) REQUESTED _____

LOCATION OF SALE _____

HOURS SALE WILL BE HELD _____

I AGREE TO ABIDE BY ALL THE RULES, REGULATIONS AND ORDINANCES OF THE CITY OF CHICAGO HEIGHTS. I FURTHER STATE THAT THE ABOVE STATEMENTS ARE TRUE.

SIGNATURE OF APPLICANT _____

APPLICANT NAME (PRINT) _____

APPLICANT ADDRESS _____

APPLICANT PHONE _____

A RAIN DATE WILL BE GIVEN IF IT RAINS ON THE DATE OF THE SALE BUT ONLY BY COMPLETING AN AFFIDAVIT IN THIS OFFICE.