

LEXINGTON TOWNSHIP

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YARD SALE PERMIT APPLICATION

DATE: _____ FEE: _____ PERMIT NUMBER: _____

APPLICANTS NAME: _____ PHONE: _____

APPLICANTS ADDRESS: _____

ADDRESS OF SALE IF DIFFERENT: _____

CROSS STREETS: _____

DATES OF SALE: _____ TO: _____

NAME AND ADDRESSES OF ALL OTHER PERSONS PARTICIPATING IN,
CONTRIBUTING TO OR RECEIVING PROCEEDS FROM THE YARD SALE:

THE APPLICANT ACKNOWLEDGES RECEIPT OF A COPY OF THE
LEXINGTON TOWNSHIP YARD SALE ORDINANCE. ALSO, THE
APPLICANT HEREBY STATES THAT THE ABOVE INFORMATION IS TRUE
AND GIVEN IN FULL TO THE BEST OF THEIR KNOWLEDGE AND THAT
THIS APPLICATION WILL BE AMENDED IF ANY ADDITIONAL
INFORMATION BECOMES AVAILABLE.

SIGNATURE OF APPLICANT

PERMIT ISSUED BY: _____