

**APPLICATION FOR  
GARAGE SALE PERMIT**

**BOROUGH OF EBENSBURG**

**Name of Applicant** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Location Of Sale** \_\_\_\_\_

**Date(s) Of Sale** \_\_\_\_\_ **Time** \_\_\_\_\_

\_\_\_\_\_  
**Name of Applicant**

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

\_\_\_\_\_  
**Date**

Borough of Ebensburg  
300 West High Street  
Ebensburg, Pennsylvania 15931  
814-472-8780  
814-472-8789 (fax)  
eburg@ebensburgpa.com

**IMPORTANT – SEE REVERSE**