

TOWN OF JONESBORO Garage and Yard Sale Permit Application

Name of Applicant	
Sale Address	
Start Date Er	nd Date
Number of sale days:	d ☐ Third No
CERTIFICATION agree to abide by and operate in accordance with any and all relevant federal, state, parish, and municipal aw. I understand that I must display the valid permit issued to me at all times and make it available for examination upon request by any individual.	
Applicant Signature	