



BOROUGH OF ISLAND HEIGHTS
APPLICATION FOR YARD SALE PERMIT

APPLICANT NAME: _____

ADDRESS WHERE SALE IS TO BE CONDUCTED: _____

TELEPHONE NUMBER OF APPLICANT: _____

DATE OF SALE: _____ **RAIN DATE:** _____

BOROUGH USE:

FEE: \$10.00 CASH CHECK #: _____ MONEY ORDER

DATE ISSUED: _____

ISSUED BY: _____

PO BOX 797
1 EAST END AVENUE
ISLAND HEIGHTS, NEW JERSEY 08732
732-270-6415