



City of Salinas

Finance Department

Garage Sale Permit Order Form

Name of Applicant: _____

Address of Proposed Sale: _____

Please submit a copy of your ID with the completed application. The address on your ID MUST match the address of the proposed sale. If your ID has a P.O. Box, you can submit proof of residency in the form of a utility bill. The name/address on the utility bill must match the name/address on the application.

Date(s) of Proposed Sale (Choice of 2 Consecutive Weekends OR 1 Three-Day Weekend Fri-Sun):

_____ through _____
_____ through _____

If Paying by Credit Card:

Cost of Permit	\$	15.00
Add: 3% Credit Card Fee	\$	0.45
TOTAL AMOUNT DUE	\$	15.45

For Finance use only: **Payment Code: GAR**

If Paying by Cash, Check, or Money Order:

Mail form & payment to: Finance-Revenue
P.O. Box 1996
Salinas, CA 93902

TOTAL AMOUNT DUE	\$	15.00
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For Finance use only: **Payment Code: GAR**

If you are unable to have your sale because of rain, please return the following business day to reschedule. Sales permitted only between the hours of 8:00 am and 6:00 pm. I have reviewed Ordinance No. 1525 (N.C.S.) and agree to comply with its provisions.

Applicant Declaration: I certify that I am the owner of the personal property, owned, utilized, and maintained by members of my family in connection with my residence, to be offered for sale; that this property was not acquired or consigned to me for the purpose of resale; and that no previous sale of this type has been held by me or on these premises within the twelve month period immediately prior to the date of this application.

Sign Display: A sign no larger than four square feet in area may be displayed on the premises announcing the sale during the permitted time of the sale. No sign shall be displayed at any location off the premises.

Signature of Applicant: _____ Date: _____

Credit Card Information

The following information is required to process a credit card transaction. Once processed, the form will be shredded, and your receipt will be mailed with the permit.

Credit Card:

Name as it appears on credit card: _____

Billing Address:

Street Address: _____

City, State, Zip Code: _____

Credit Card Number: _____ Expiration date: _____

Card Security Code (CVV, 3-digit number on back of card): _____

Amount to be charged: \$ _____ (Total Amount Due)

Signature of Card Holder: _____

Contact Name: _____

Contact Phone number: _____

Mail Permits to: _____

To submit via email: Click the button in the top right corner of this document	
OR email to:	eGarageSale@ci.salinas.ca.us
OR fax the form to:	(831) 758-7937, Attn: Finance