

TOWN OF OLATHE YARD SALE PERMIT

Date:	Permit #
Name:	
Address:	
 Telephone:	Emergency #
Date(s) of Sale:	
Time of Sale:	
Location:	
I hereby certify that I have i the Town of Olathe and will	read and understand Ordinance 2010-01 of comply with such laws.
APPLICANT SIGNATURE	:
The Town of Olathe does he Sale as set forth in the above	ereby permit the applicant to operate a Yard e application.
TOWN OFFICIAL SIGNAT	TURE Date