
Township of Livingston

Garage Sale Registration Form

Property Owner Information:

Name _____

Address _____ Phone # _____

Email Address _____

Is this the address at which the sale will be held?

If no, at what address will the sale take place?

Applicant / Lessee of Premises:

Name _____

Address _____ Phone # _____

Email Address _____

Location of Merchandise (all permitted sales must be conducted on the premises - whether in the dwelling, garage, driveway, rear yard or front yard):

Date(s) of Sale (not to exceed 3 consecutive calendar days):

Rain Date(s): _____

Date and nature of previous sale(s) (No more than 2 sales at one property within a twelve-month period):

357 S. Livingston Avenue, Livingston, NJ 07039

Phone: 973-535-7940 ■ Fax: 973-535-7967 ■ Email: townclerk@livingstonnj.org

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Garage Sale Guidelines

All Sales Must be Held Between 8 a.m. – 5 p.m.

Signs:

The following guidelines apply to posting signs for garage sales. Please note: if these guidelines are not followed, a fee of **\$25 per sign** will be issued for the violations. If the fine is not paid to the Building Department, a summons will be issued with a mandatory court appearance required.

- Signage can only be posted 24 hours prior to the start of the sale
- All signage must be removed on the last day of the sale
- Signs are **NOT** permitted on utility poles
- Address of sale must be on the sign. If the address is not on the sign, it will be removed.
- No attachments to signs (balloons, streamers, etc.)
- Maximum height of the signs is 3 feet.

Initials: _____

Regulations for Sale Items:

I understand that it is unlawful for any person to offer for sale mattresses, bedsprings, cots, lounges and sofas in any garage sale authorized under this article without first complying with the appropriate regulations for labeling, sterilizing and disinfecting of said mattresses, bedsprings, cots, lounges and sofas.

Initials: _____

Any incorrect or falsified information will render this application, and any approvals based upon it, to be void.

Applicant Signature

Date

(Office Use Only)

Registration Number: _____

Clerk's Department Signature

Date

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