

VILLAGE OF SAG HARBOR



55 Main Street, PO Box 660, Sag Harbor, NY 11963 (631)725-0222

FOOD SALE/RAFFLE TICKET APPLICATION

ORGANIZATION CONDUCTING SALE _____

PERSON IN CHARGE OF SALE _____

PURPOSE OF SALE _____

DATE OF SALE _____

TYPE OF SALE: _____ FOOD _____ RAFFLE _____

LOCATION OF SALE _____

NAME OF PROPERTY OWNER _____

PROPERTY OWNER'S APPROVAL _____

(signature)

I DO HEARBY SWEAR THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT _____ DATE _____

PERMIT

ISSUED TO _____

DATE OF SALE _____

DATE OF ISSUE _____

ISSUED BY _____