



**City of Marceline
Garage Sale Permit Application**

Applicant's Name: _____

Address of Sale: _____

Applicant's Telephone #: _____

Date of Sale: _____

Permit #: _____

Signature: _____

City office Witness: _____

Please fill out and submit this application to:

**Marceline City Hall
116 N. Main Street USA
Marceline, MO 64658**