



Town of Milton

TEL 617-898-4843

TOWN OFFICE BUILDING
525 CANTON AVENUE
MILTON, MASSACHUSETTS

ESTATE SALE APPLICATION

TO THE TOWN ADMINISTRATOR:

Applicant's Name: _____

Corporate Name: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Respectfully requests permission to conduct an **Estate Sale** at the following address:

Address/Location of Sale

_____ / _____

Date(s) of Sale

Hours for Sale

This sale is for the benefit of: _____

Please provide a description of the estate sale: (items to be sold and anticipated audience)

The signer of this document declares that the statements contained herein to be true. Upon approval of this application, a copy of a Business Certificate and payment in the form of a check in the amount of \$100.00 payable to the Town of Milton will be required.

Signature of Applicant

Date

Michael Dennehy, Town Administrator

Date