



# 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