

REDDING ZONING DEPARTMENT

TAG SALE REGISTRATION FORM

Location of Tag Sale: _____

Owner of Property: _____

Telephone Number: __ (_____) _____

Is the owner holding the tag sale? Yes _____ No. _____

If not, who will be responsible for the sale? _____

Address of that person: _____

Telephone Number: __ (_____) _____

Date of Tag Sale: _____

Rain Date (if applicable): _____

**IN GRANTING THIS PERMIT, THE ZONING DEPARTMENT IN NO WAY TAKES
RESPONSIBILITY FOR ANY DAMAGES INCURRED AS A RESULT OF THE OPERAT9ION
OF THIS EVENT. THE PROPERTY OWNER TAKES ALL RESPONSIBILITY FOR THE
EVENT.**

**Please submit this form to the Zoning
Department at:
Town Hall Annex
P.O. Box 1028
Redding, CT 06875**

**Don't forget the \$5.00 registration
fee!!**

