

City of Moline Acres

2449 Chambers Rd.

St. Louis, MO 63136

Phone: (314) 868-2433 * Fax: (314) 868-2590

Date: ___/___/___
Permit Amount: \$15.00

(Please check one)

Permit For: Garage Sale _____ Yard Sale _____ Date of Event: ___/___/___

Property Owner's Name: _____
(Last) (First)

Address: _____
(Street Name) (Zip Code)

Home Number: () ____ - _____

There will only be two (2) free permits issued to each residence per year.
For any additional permits issued there will be a \$15.00 fee required.

This request has been approved by the City of Moline Acres and all appropriate fees have been paid. This permit will be revoked if the applicant is found not to be in compliance with the City Ordinances.

*I understand the terms and conditions that have been presented to me in the above box. By signing below, I am agreeing to comply with all of the city's ordinances.

Resident Signature

___/___/___
Date

For Office Use Only

City Clerk Signature

___/___/___
Date

1st permit issued: ___/___/___ (fee waived) 2nd permit issued: ___/___/___ (fee waived)

Additional permit issued: ___/___/___ Fee: \$ _____

Additional permit issued: ___/___/___ Fee: \$ _____