

**REDDING ZONING DEPARTMENT**

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**TAG SALE REGISTRATION FORM**

Location of Tag Sale: \_\_\_\_\_

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Owner of Property: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Is the owner holding the tag sale? Yes \_\_\_\_\_ No. \_\_\_\_\_

If not, who will be responsible for the sale? \_\_\_\_\_

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Address of that person: \_\_\_\_\_

Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

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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 OPERATION  
OF THIS EVENT. THE PROPERTY OWNER TAKES ALL RESPONSIBILITY FOR THE  
EVENT.**

**PLEASE SUBMIT THIS FORM TO THE ZONING DEPARTMENT  
AT:  
TOWN HALL  
P.O. BOX 1028  
REDDING, CT 06875**

**DON'T FORGET THE \$5.00 REGISTRATION FEE!!**