

**REDDING ZONING DEPARTMENT**

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**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: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

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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 06875-1028*

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