



City of Bridgeton  
Municipal Clerk office  
181 E. Commerce Street  
Bridgeton, NJ 08302

Phone: 856 455-3230  
Fax : 856 451- 5321  
[www.cityofbridgeton.com](http://www.cityofbridgeton.com)

## **BLOCK OFF STREET APPLICATION**

**(Nonrefundable fee of \$75.00 due at time of application)**

Name of person making application \_\_\_\_\_

Address of applicant \_\_\_\_\_

Telephone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Statement as to whether the applicant has been arrested for any offense or crime or the violation of any Municipal Ordinance other than traffic offenses. Please give the date and place of conviction, nature of offense and punishment. \_\_\_\_\_

### **Character References, Name, Address and Telephone Number**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever applied for a license in the past?     YES     NO

If Yes, when? \_\_\_\_\_

Person in charge of organization \_\_\_\_\_

Name of Street to be blocked off \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Date of event \_\_\_\_\_ Time of event \_\_\_\_\_

Reason for event \_\_\_\_\_

I \_\_\_\_\_ request the Mayor or Business Administrator to waive the City's fee for this event. I understand as the event sponsor I am required to pay the nonrefundable application fee of \$75.00 if the waiver is not approved.

If a waiver is requested, the following information must be provided with the request:

Name of Entity Sponsoring the Event \_\_\_\_\_

Profit     Non Profit

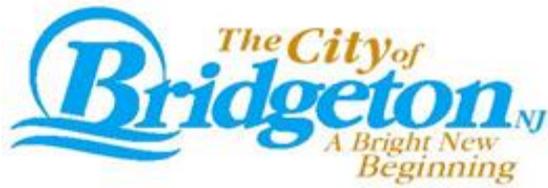
Is any money being charged or collected for the event:  Yes     No

Will any vendors be paying to be a part of the event:  Yes     No

Please attach a brief budget for this the event along with the application. This budget should include expected revenue and anticipated expenses.

I hereby certify that the foregoing information given on this application is true and complete to the best of my knowledge and belief. I further agree to comply with the laws and ordinances of the City of Bridgeton

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



City of Bridgeton  
Municipal Clerk office  
181 E. Commerce Street  
Bridgeton, NJ 08302

Phone: 856 455-3230  
Fax : 856 451- 5321  
[www.cityofbridgeton.com](http://www.cityofbridgeton.com)

**RELEASE AUTHORIZATION**

To all references, courts, Probation Departments, Employers, Schools, and other institutions and agencies without exceptions:

I, \_\_\_\_\_, am making application for licensure in the City of Bridgeton. As a result an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Bridgeton Police Department, or its representatives, any and all information you may have on file pertaining to me, whether this is documentary, oral, or otherwise, that they may request.

A Photostat copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Signature: Print Name:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Date: D.O.B Social Security Number

\_\_\_\_\_  
Witness Date

**----- OFFICE USE ONLY -----**

**Waiver approved  Yes  No**

**Mayor's Signature: \_\_\_\_\_ OR**

**Business Administrator's Signature: \_\_\_\_\_**

**Report of Investigating Officer: Approved  YES  NO**

**Signature of Investigating Officer: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Meeting Date: \_\_\_\_\_**

**Date approval by City Council: \_\_\_\_\_**

**License permit date issued: \_\_\_\_\_**

**Liability Insurance attached:  YES  NO**

**Clerk's Comments: \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_

**Completed: \_\_\_\_\_**