



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

Phone: 856 455-3230
Fax : 856 451- 5321
www.cityofbridgeton.com

**CHARITABLE SOLICITATION APPLICATION
254 ARTICLE IV OF THE CODE BOOK
(Mayor's Approval Required)**

1. Name of person making Application: _____

Address: _____ Phone: _____

2. Name of Organization: _____

Address: _____ Phone: _____

3. **Statement as to whether the applicant has been arrested for any crime or offense, or the violation of any Municipal Ordinances other than traffic offenses. Date and nature of offenses:** _____

4. Name of Person in direct charge _____

Address: _____ Phone: _____

5. Statement showing need of solicitation: _____

6. Purpose of Funds: _____

7. Amount to be raised: \$ _____

8. Time and dates of solicitation _____

9. Wages, Fees, Commissions, Expenses-name & address of person receiving same

10. A full statement of the character and extent of the charitable or philanthropic work conducted by the applicant within the City.

11. Persons making solicitation (attach separate sheet if necessary)

Name & Address: _____

12. Brief outline of method to be used: _____

13. This is a statement to the effect that if permit is approved it will not be used or represented as an endorsement of the proposed solicitation by the city or any of its officers or departments of the city.

14. Change of any of the above information should be given to the City Clerk office within 24 hours.

Signature of Applicant: _____ Date: _____



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Date of Birth: _____ Social Security# _____

ACKNOWLEDGMENT

I, _____ hereby acknowledge receipt of a copy of Chapter 254 Article III of the Code of the City of Bridgeton pertaining to and regulating the conduct of charitable solicitation

Signature _____ Date: _____

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 DOB SS#

Witness Date

Investigation and approval of application. The investigation required under subsection 5-1.3 shall be limited to that sufficient for the chief of police to make determination that the person or organization is bona fide. On making this determination, the chief of police shall approve the application and notify the mayor.

Report of Investigating Officer: Approved Denied

Comments _____

Signature of Investigator _____ **Date:** _____

Signature of Police Chief _____ **Date:** _____

Mayor's approval required. Fee-none Time Limit-30 days. Contributions of goods or monies of \$10 or more, receipt required. Hours-10:00 am to 7:00 pm, Monday-Saturday. No solicitations on Sundays, without approval of Mayor.

Mayor's Signature: _____ **Date:** _____