

**BOROUGH OF HAWTHORNE  
APPLICATION FOR PERMIT TO SOLICIT, CANVASS OR SURVEY**

1. Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number \_\_\_\_\_

2. If applicant is a corporation, association, church group or other organization which is not an individual person, set forth the name of the principal officer of applicant who will be responsible for all activities under the permit being applied for.

Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

3. Type of Activity for which permit is requested (Check One)  
\_\_\_\_\_  
Soliciting Donations  
\_\_\_\_\_  
On Public Streets or Places (Attach list of Locations)  
\_\_\_\_\_  
Door-to-Door  
\_\_\_\_\_  
Canisters or Receptacles  
\_\_\_\_\_  
Canvass or Survey  
\_\_\_\_\_  
Opinion Poll or Sampling  
\_\_\_\_\_  
Product Demonstration  
\_\_\_\_\_  
Other (Give short description) \_\_\_\_\_  
\_\_\_\_\_

4. List names and addresses of all persons who will engage in activities under permit:  
(Use extra sheet if necessary)

Name	Address
_____	_____
_____	_____

5. Give a short description of purpose, cause, benefit, or other reason for solicitation, canvass or survey, and the proposed disposition of any funds, goods or information received.

\_\_\_\_\_

6. Date(s) Requested: Begin \_\_\_\_\_ End \_\_\_\_\_  
Time of Day: Begin \_\_\_\_\_ End \_\_\_\_\_

**NOTE:** Public solicitations on streets or public places will not be approved for more than 9 Days (2 weekends), or at any time after 30 minutes prior to sunset. Public solicitation by canister or by receptacle will not be approved for more than 120 days. All door-to-door soliciting, canvassing or surveying will not be approved for more than 45 days or for times after 9:00 p.m.

I certify that the statements contained in the application are true. I understand that if any matter recited above changes during the effective period of the requested permit, I will report such change immediately to the Borough Clerk for amendment of this application. I further certify that no person under the age of 18 years will be involved in this solicitation, canvass or survey.

Date: \_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
(or principal officer responsible different)

\*\*\*\*\*

**FOR OFFICIAL USE:**

Permit Filed: \_\_\_\_\_ Submitted to Council: \_\_\_\_\_  
Action Granted: \_\_\_\_\_ Submitted to County: \_\_\_\_\_  
Action Granted: \_\_\_\_\_

**REMARKS:** \_\_\_\_\_



# County of Passaic

Administration Building  
401 Grand Street • Paterson, New Jersey 07505

OFFICE OF THE COUNTY ENGINEER  
ROOM 524

Steven J. Edmond, P.E.  
County Engineer

TEL: (973) 881-4456  
FAX: (973) 742-3936  
TDD: (973) 279-9786

## CHARITABLE SOLICITATION PERMIT APPLICATION FORM

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date(s) charitable solicitation is requested \_\_\_\_\_

Beginning and ending Time \_\_\_\_\_

### LOCATION OF PROPOSED CHARITABLE SOLICITATION

Municipality \_\_\_\_\_

Street \_\_\_\_\_

Intersecting Street \_\_\_\_\_

Specify which direction(s) of traffic will be affected \_\_\_\_\_

### METHOD OF CHARITABLE SOLICITATION

Explain the proposed method of charitable solicitation:

\_\_\_\_\_  
\_\_\_\_\_

APPROVAL GRANTED BY \_\_\_\_\_ Date \_\_\_\_\_

**(SEE INSTRUCTIONS ON REVERSE)**



## **INSTRUCTIONS**

1. Fill out application form on reverse side, in accordance with Passaic County Resolution R-16 (9-22-98) on Charitable solicitations.
2. Include a copy of the municipal approval allowing the charitable solicitation, as well as a copy of an approval letter from the local Police Department.
3. Include proof of insurance, naming Passaic County as an additional insured.
4. Include a sketch of the charitable solicitation operation, including signs.
5. For clarification on the application package, call the County Traffic Engineer at 973-881-4453.
6. At least 10 business days must be allowed for processing the permit. The County may request additional information, or revisions, before the permit is issued.
7. Mail the application package (no fee required) to:

**County Engineer  
Room 524  
401 Grand Street  
Paterson, NJ 07505**