



Lori DiBella, RMC
Borough Clerk

BOROUGH OF HAWTHORNE

Passaic County, New Jersey

445 Lafayette Avenue

Hawthorne, NJ 07506

973.427.1167 (P) ~ 973.427.2320 (F)

www.hawthornenj.org



Vanessa Nienhouse
Deputy Borough Clerk

CHARITABLE SOLICITATION PERMIT INSTRUCTIONS

1. Fill out application forms in accordance with Passaic County Resolution R16 (9-22-98) on Charitable Solicitations:
 - *Charitable Solicitation Permit Application Form, County of Passaic (1 pg)*
 - *Application for "Tag Day" Permit, Borough of Hawthorne (3 pgs)*
 - *Hawthorne Organizations **only** may apply*
2. **Include a copy of the organization's Certificate of Liability Insurance**, naming Passaic County as an additional insured.
3. Return the completed application and insurance certificate via email to vnienhouse@hawthornenj.org or ldibella@hawthornenj.org ; via first class mail or hand deliver to:

Borough Clerk's Office
Borough of Hawthorne
445 Lafayette Avenue
Hawthorne, NJ 07506
4. **Allow at least 15 business days for processing of the approval.**
5. Any questions, please contact the Borough Clerk's office at 973.427.1167.



County of Passaic

Administration Building
401 Grand Street • Paterson, New Jersey 07505

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 Time _____ End 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 _____

Charles Silverstein, Traffic Engineer, Passaic County

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BOROUGH OF HAWTHORNE

~ APPLICATION FOR "TAG DAY" PERMIT ~

Article IV 361:20

1. Name of Organization: _____

Address: _____

Contact Person: _____

Cell Number: _____ Email Address: _____

2. "Certificate of Liability Insurance" must be included with your application.

3. Allow a minimum of (3) three weeks (15 business days) for approval.

4. List anticipated Corner Locations. (Page 2)

5. List names and addresses of all persons who will engage in activities under permit. (Page 3)

6. Give a short description of purpose, cause, benefit, or other reason for your "Tag Day" and the proposed disposition of funds received.

7. Tag Day Solicitations can **only** be held on Saturdays.

Date Requested: _____

Time of Day: Begin _____ End _____

*****SAFETY CRITERIA: All solicitors shall wear safety vests labeled as meeting the ANSI 107-1999 standard performance, incorporated herein by reference as amended and supplemented, for Class 2 risk exposure. The ANSI standards are available at <http://webstore.ansi.org/>.*****

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 "Tag Day" solicitation.**

Date

Signature of Contact Person or principal officer responsible

Date

Municipal Approval

**BOROUGH OF HAWTHORNE
Tag Day Permit Application**

**Soliciting Donations on Public Streets
(County streets will require County approval)**

Organization Name

Anticipated Corner Locations:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

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**BOROUGH OF HAWTHORNE
Tag Day Permit Application**

List names and addresses of all persons who will engage in activities under permit.

Organization Name

Name	Address	Phone	Signature
