Lori Fernandez, RMC, CMC
Borough Clerk

BOROUGH OF HAWTHORNE
Passaic County, New Jersey
445 Lafayette Avenue, Suite 102
Hawthorne, NJ 07506
973.427.1167 ~ www.hawthornenj.org

Nancy Salisbury
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 (attached):

    - *Charitable Solicitation Permit Application Form, County of Passaic (1 pg)*
    - *Application for "Tag Day" Permit, Borough of Hawthorne (pages 1-3)*
    - *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 lfernandez@hawthornenj.org or nsalisbury@hawthornenj.org or via first class mail to:

    Borough Clerk's Office
    Borough of Hawthorne
    445 Lafayette Avenue, Suite 102
    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

OFFICE OF THE COUNTY ENGINEER
ROOM 524
TEL: (973) 881-4456
FAX: (973) 742-3936
TDD: (973) 279-9786

Jonathan C. Pera, P.E.
County Engineer

CHARITABLE SOLICITATION PERMIT APPLICATION

Date: _____

Name of Organization: _____

Contact Person: _____ Telephone: _____

Email Address: _____

Mailing Address: _____ (Street) _____ (City) _____ (Zip Code)

Date(s) and Rain Date(s) for solicitation: _____

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: _____

INSTRUCTIONS

1. All solicitations shall comply with Passaic County Resolution R-16 (9-22-98).
2. Include a copy of the municipal approval (letter, resolution, or email) allowing the charitable solicitation and a copy of an approval letter or email 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 sign location.
5. For clarification on the application package, call the County Engineer at (973) 881-4450.
6. Ten (10) business days must be allowed for processing the permit. The County may request additional information on revision, before the permit is issued.
7. Mail the applications package (no fee required) to: County Engineer, 401 Grand Street, Room 524, Paterson, NJ 07505; or application package may be emailed to engineeringpermits@passaiccountynj.org.

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. _____

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

SIGN DETAIL

NOTES:

1. SIGN SHALL BE 36" X 36".
2. THIS SIGN SHALL HAVE A BLACK LEGEND ON A TYPE IV–B FLOURESCENT ORANGE SHEETING BACKGROUND (NJDOT STANDARD). PLASTIC MESH SIGNS MAY BE ALLOWED IF THEY MEET THE SAME VISIBILITY REQUIREMENTS AS THE TYPE IV–B.
3. THE SIGN MAY BE MOUNTED ON POSTS OR A PORTABLE TRIPOD