



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](http://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](mailto:lfernandez@hawthornenj.org) or [nsalisbury@hawthornenj.org](mailto: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

**Jonathan C. Pera, P.E.**

*County Engineer*

TEL: (973) 881-4456

FAX: (973) 742-3936

TDD: (973) 279-9786

### 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](mailto: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. \_\_\_\_\_

