

Charitable Solicitations

Applicant Informati	(732)721-5600 ion:	Da	Date of Application Name of Organization			
	Name of Applican					
	Phone Number			E-mail		
Address of Applicant Charitable Solicitati Purpose of Charitation	ion Event Informat aritable	treet Address ion		Town	State	Zip
Location Please include add description of where sol take place on the	dress and licitations will					
Date	Start Time	End Time	Date	Start Time	End	Time
Nonprofit Informat	ion					
NJ Non Profit Stat	te ID		IRS 501(c)3			
Manager or to s	nt from Property O solicit. Dates and T 1(c)3 showing Non	imes must be	(If taking p	Consent Form blace at Walmart Only) profit State ID		
Signature of Applicant		Printed 1	Name of Applicant	D	Date	
For Office Use Only:						
Chief	Approve Re	ject	Signature	Printed Na	ıme	Date
Comments						
Township Clerk	Approve Re	eject	Signature	Printed Na	ame	Date
Comments						