

Vernon Township

Township Clerk's Office 21 Church Street Vernon, NJ 07462

Tel: 973.764.4055, ext. 2234 • Fax: 973.764.6393

www.vernontwp.com

## **Charitable Solicitation Permit Application**

	Date of application:			
	Application type:	N	ew	Renewal
ORGANIZATION INFORMATION				
Name of Organization Represented			Tel. Numbe	r
Address				
Name of individual directly in charge of conducting the	solicitation:			
Address of individual directly in charge of conducting	the solicitation:			
SOLICITATION INFORMATION				
Purpose of Solicitation				
Estimated amount of funds proposed to be raised:				
Specific statement showing the need for the solicitation:				
Provide a brief outline of the method to be used on cond	ducting the solicitation:			
SOLICITOR(S) INFORMATION				
Provide the name and address of every indiv	<u> </u>	•	nore paper if I	necessary)
Name 1.	,	Address		
2.				
3.				
4.				

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**Charitable Solicitation Permit Application** *Continued page 2 of 2* 

PERMIT ISSUED

YES

NO DATE:

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DATE/TIME/DURA	TION INFOR	RMATION			
Provide the time and da	tes when the so	plicitation will be made, includi	ng the beginning and ending dates	s of the solicitation:	
	•	XPENSE INFORMATION			
Provide the amount of a names and addresses o			be paid to any person or organiza	ation for conducting the	e solicitation and the
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Descride a full statement	40 400 offers 440				
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