



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:	<input type="checkbox"/> New <input type="checkbox"/> Renewal
ORGANIZATION INFORMATION			
Name of Organization Represented			Tel. Number
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 conducting the solicitation:			
SOLICITOR(S) INFORMATION			
Provide the name and address of every individual who will be making the proposed solicitation <i>(attach more paper if necessary)</i>			
Name		Address	
1.			
2.			
3.			
4.			

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DATE/TIME/DURATION INFORMATION

Provide the time and dates when the solicitation will be made, including the beginning and ending dates of the solicitation:

WAGE, FEE, COMMISSION, EXPENSE INFORMATION

Provide the amount of any wages, fees, commissions, or expenses to be paid to any person or organization for conducting the solicitation and the names and addresses of all such persons:

Provide a full statement to the effect that if the permit is approved, it will not be used or represented in any way as an endorsement of the proposed solicitation by the township or by any of its officers or departments:

Please provide a copy of the ruling from the Internal Revenue Service in which it determined that your organization is a charitable organization under the rules of the Internal Revenue Code so that donations made to your organization are tax deductible. If such determination has not been applied for, indicate whether your organization intends to seek such recognition.

I hereby certify that the information contained in this application is complete, accurate and truthful to the best of my knowledge and belief. I understand that if any statement made is willfully false or incomplete, I may be subject to penalties as provided by law and have this application denied.

I hereby acknowledge that the provisions of Chapter 428 of Vernon Township's code entitled "Peddling and Soliciting" are understood and that if I violate any of the provisions, I am subject to appropriate penalties and/or license revocation.

I consent to Vernon Township's obtaining copies of my driving record from the appropriate public agency and Criminal History Record Information from the New Jersey State Police, State Bureau of Identification.

Print Name/Title

Date

Signature of Authorized Applicant

FOR OFFICIAL USE ONLY

DATE REC'D			
CHIEF OF POLICE	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:	TOWNSHIP COUNCIL <input type="checkbox"/> YES <input type="checkbox"/> NO R #:
PERMIT ISSUED	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:	PERMIT #