

CITY OF RAHWAY



For office use only

LICENSE NO.

Application for Charitable Solicitations

Fee: \$25.00

DATE OF APPLICATION _____

NAME OF ORGANIZATION _____

NAME OF EXECUTIVE DIRECTOR OR PRESIDENT _____

DIRECTOR OR PRESIDENT SIGNATURE _____

ADDRESS _____
Street City/Town State Zip Code

TELEPHONE # _____ 1ST TIME SOLICITING IN RAHWAY? Y N

NAME OF ORGANIZATION REPRESENTATIVE _____

HOME ADDRESS _____
Street City/Town State Zip Code

TELEPHONE #: _____ E-MAIL: _____ DATE OF BIRTH: _____

DATE SOLCITING IS TO BEGIN (license term is for 30 days): _____

DATE(S) AND TIME OF DAY OF SOLICITATION(S): _____

PLEASE COMPLETE P. 2 OF THIS APPLICATION OR ATTACH A LIST SHOWING THE NAME, ADDRESS AND AGE OF ALL SOLICITORS

SOLICITING IS NOT PERMITTED IN ANY ROADWAY!

MANNER IN WHICH DONATIONS ARE TO BE SOLICITED: _____

LOCATION(S) OF SOLICITING [permission of property owner(s) is required] _____

PURPOSE OF SOLCITATION: _____

****YOU ARE ADVISED THAT THIS FORM AND THE INFORMATION PROVIDED**
THEREON IS SUBJECT TO RELEASE TO THE PUBLIC UNDER THE OPEN PUBLIC RECORDS ACT**

SIGNATURE OF APPLICANT _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

BUSINESS ADMINISTRATOR - Approved () Disapproved ()

Signature Date

CITY CLERK - Approved () Disapproved ()

Signature Date

