

APPLICATION FOR  
CHARITABLE SOLICITATION

TO BE FILED IN DUPLICATE (X2)  
TYPED OR NEATLY PRINTED

Needs 2 weeks to be processed

Name of Person Completing application:

\_\_\_\_\_

Phone #: \_\_\_\_\_

CHARITABLE REGISTRY # \_\_\_\_\_ (A copy of permit to be attached)  
(tax exempt number)

Complete Name of Organization: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

If applicant is a Corporation, give name and address of registered agent: \_\_\_\_\_

\_\_\_\_\_

If licensed activity is to be carried at a fixed location, give address and description of premises: \_\_\_\_\_

\_\_\_\_\_

Owner or Manager of premises \_\_\_\_\_

Signature of approval of Manager or owner of premises granted for below dates \_\_\_\_\_

The time and dates when solicitation shall be made (give preferred and alternate dates for the beginning and ending of such solicitation) **ALL DATES MUST BE CLEARED WITH THE MANAGEMENT OF THE FACILITY/PROPERTY OWNER**

Preferred Dates: \_\_\_\_\_

Alternate Dates: \_\_\_\_\_

If vehicle is to be used, give description including license plate # and copy of registration: \_\_\_\_\_

\_\_\_\_\_

The purpose for which solicitation is to be made and estimated amount funds proposed to be raised: \_\_\_\_\_

\_\_\_\_\_

Give Statement showing the need for solicitation: \_\_\_\_\_

\_\_\_\_\_

**LIST ON THE LAST PAGE OF THIS APPLICATION THE NAMES AND DATE OF BIRTHS OF ALL THE PERSONS MAKING THE PROPOSED SOLICITATION.**

Name of Person who will be directly in charge of conducting the solicitation:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Briefly outline the method to be used in conducting the solicitation: \_\_\_\_\_

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

A full statement of the character and extent of the charitable and philanthropic work conducted by the applicant within the Township: \_\_\_\_\_

**APPROVAL OF THIS APPLICATION DOES NOT IN ANY WAY REPRESENT AN ENDORSEMENT OF THE PROPOSED SOLICITATION BY THE TOWNSHIP OF EAST WINDSOR OR ITS OFFICERS OR DEPARTMENTS.**

Signature of person in charge of conducting solicitation: \_\_\_\_\_

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**FOR OFFICIAL TOWNSHIP USE ONLY:**

**APPROVAL:** I have determined that the person or organization named in this application is bona fide.

Date: \_\_\_\_\_ Chief of Police: \_\_\_\_\_

Approved Solicitation Dates: \_\_\_\_\_

Municipal Clerk: \_\_\_\_\_ Date Permit Written: \_\_\_\_\_

