City of Bridgeton
Office of Municipal Clerk
181 E. Commerce St, Bridgeton NJ 08302

Nichole Almanza, RMC, CMR
Municipal Clerk & Registrar of Vital Statistics

856-455-3230 ex. 227
almanzan@cityofbridgeton.com

BLOCK OFF STREET APPLICATION

(Nonrefundable fee of $100.00 PER DAY due at time of application)

Applicant's Name: _____

Applicant's Address: _____

Phone No: (_____) _____-_____ Email: _____

Date of Birth: _____/_____/_____ SSN: _____-_____-_____

Statement as to whether the applicant has been arrested for any offense or crime or the violation of any Municipal Ordinance other than traffic offenses. Please give the date and place of conviction, nature of offense and punishment**.** _____

_____

Character References, **Name, Address and Telephone No.**

1._____

2. _____

3. _____

Have you ever applied for a license in the past? ☐ **Yes** ☐ **No**

If Yes, when? _____

Person in Charge of Organization: _____

Name of Street to be Blocked Off: _____

From _____ To _____

_____

Date of Event: _____ Time of Event: _____

Rain Date of Event: _____ Time of Event: _____

Reason for Event: _____

Letter from Organization Attached: ☐ **Yes** ☐ **No**

Map Highlighting Streets Being Blocked Off Attached: ☐ **Yes** ☐ **No**

Certificate of Liability Attached: ☐ **Yes** ☐ **No**

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Requesting Police Services: ☐ **Yes** ☐ **No**

Please be advised that your application will be reviewed by the Chief of Police and they will determine if police services will be required or if any additional officers will be needed than what you originally requested. You will be contacted.

WAIVER REQUEST

I _____ request the Mayor or Business Administrator to
(Print Applicant's Name)
waive the City's fee for this event. I understand as the event sponsor I am required to pay the nonrefundable application fee of $100.00 if the waiver is not approved.

If a waiver is requested, the following information must be provided with the request:

Name of Entity Sponsoring the Event: _____

☐ Profit ☐ Non-Profit

Is any money being charged or collected for the event? ☐ **Yes** ☐ **No**

Will any vendors be paying to be a part of the event? ☐ **Yes** ☐ **No**

Please attach a brief budget for this the event along with the application. This budget should include expected revenue and anticipated expenses.

I hereby certify that the foregoing information given on this application is true and complete to the best of my knowledge and belief. I further agree to comply with the laws and ordinances of the City of Bridgeton.

_____ _____/_____/_____
Applicant's Signature Date

RELEASE AUTHORIZATION

To all references, courts, Probation Departments, Employers, Schools, and other institutions and agencies without exceptions:

I, _____, am making application for licensure in the City of
(Print Applicant's Name)
Bridgeton. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Bridgeton Police Department, or its representatives, any and all information you may have on file pertaining to me, whether this is documentary, oral, or otherwise, that they may request.

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A Photostat copy of this authorization will be considered as effective and valid as the original.

Applicant's Name: _____

Address: _____

Date of Birth: _____/_____/_____ SSN: _____-_____-_____

_____ _____/_____/_____
Applicant's Signature Date

_____ _____/_____/_____
Witness Signature Date

Please be aware that it is your responsibility to notify residents of the City of Bridgeton of the affected streets that will be closed within 48 hours of this event.

_____ _____/_____/_____
Applicant's Signature Date

----------OFFICE USE ONLY----------

Fee Paid: ☐ Yes ☐ No $_____ Receipt No._____

Waiver Approved: ☐ Yes ☐ No Date: _____

Mayor's Signature or Business Administrator's Signature: _____

Report of Investigating Officer: Approved ☐ Yes ☐ No

Signature of Investigating Officer: _____ Date: _____

City Council Meeting Date: _____ Date Approved by City Council: _____

License Permit Date Issued: _____

Clerk's Comments: _____

_____

Date Completed: _____