TOWNSHIP OF EAST BRUNSWICK
MUNICIPAL CLERK'S OFFICE
P. O. BOX 1081
EAST BRUNSWICK, NJ 08816
(732) 390-6850

APPLICATION TO SOLICIT (TAG DAYS) - NON-PROFIT ORGANIZATION

INSTRUCTIONS:
Please type or print neatly all information.
You must provide proof of non-profit status.

NAME OF ORGANIZATION:_____

ADDRESS OF ORGANIZATION:_____

PURPOSE OF ORGANIZATION:_____

_____

NAME, HOME ADDRESS, DATE OF BIRTH, SOCIAL SECURITY # & TITLE OF OFFICERS OF ORGANIZATION (Attach a separate sheet if necessary):

_____

_____

_____

_____

_____

NAME AND HOME ADDRESS OF REPRESENTATIVES WHO WILL SOLICIT (Attach a separate sheet if necessary): **(DO NOT LIST ANYONE UNDER THE AGE OF 18 YEARS OF AGE)**

_____

_____

_____

_____

DATES REQUESTING PERMISSION TO SOLICIT:_____

_____

NAME AND ADDRESS OF OWNER(S) OR AUTHORIZED AGENT(S) OF SAID OWNER(S) OF PROPERTY (GIVE NAME OF PERSON AT LOCATION WHO GRANTED THIS PERMISSION)WHO HAVE GRANTED YOU PERMISSION TO ENGAGE IN TAG DAY ACTIVITIES ON THEIR PROPERTY(Attach separate sheet if necessary):

_____

_____

_____
Signature of Applicant

Phone #:_____

_____
Name of Applicant (PRINT)

FOR TOWNSHIP USE ONLY:

( ) APPROVED ( ) DENIED _____ _____
Director of Public Safety Date

Permit #'s issued: _____ Valid: _____