TOWNSHIP OF BERKELEY HEIGHTS
29 PARK AVENUE
BERKELEY HEIGHTS, NEW JERSEY 07922

POLICE APPROVAL FOR RAFFLE LICENSE

APPLICANT: **Please complete the following information so the Police Department can conduct the required investigation. For each officer or member in charge listed below, complete the attached "Authorization for Release of Information and Records" Form. In addition, attach a copy of their driver's license to the form.**

NAME OF ORGANIZATION: _____

TYPE OF RAFFLE: _____ **DATE OF RAFFLE**_____

LOCATION WHERE RAFFLE IS TO HELD: _____

NAMES OF OFFICERS	DATE OF BIRTH	SS#	ADDRESS	PHONE #

MEMBERS IN CHARGE

(If Different From Above)	DATE OF BIRTH	SS#	ADDRESS	PHONE #

POLICE DEPARTMENT: Please investigate the above members according to NJSA 5:8-27, sign below indicating approval, and return to the Township Clerk's Office.

POLICE APPROVAL: _____ **DATE:** _____