CITY OF ELIZABETH, NEW JERSEY

Department of Planning and Community Development

CENTRAL LICENSE BUREAU

50 Winfield Scott Plaza, Room 101. Elizabeth, NJ 07201-2408

Phone: (908) 820-4182 or 4187 ● Fax: (908) 820-0369

Web: *www.elizabethnj.org*

J. CHRISTIAN BOLLWAGE
Mayor

MARIA Z. CARVALHO
Director

JENNIFER A. BOEHM
Acting Chief License Inspector

Fee: $35.00

APPLICATION FOR SOLICITATION PERMIT

NAME OF APPLICANT: _____

TRADE NAME: _____

ADDRESS:

_____

PHONE: _____

EMAIL: _____

NAME OF ORGANIZATION:

_____

NAME OF CHAIRMAN:

_____

OFFICERS:

NAME	TITLE	ADDRESSS	PHONE	EMAIL

LISTING OF THE STREETS/INTERSECTION PROPOSED FOR SOLICITATION:

_____

_____

LIST OF PERSONS SOLICITATING:

_____

_____

IS THIS NON-CHARITABLE?

_____

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THE APPLICANT AGREES TO CONFORM TO ALL REGULATIONS OF THE SOLICITATION ORDINANCE AND ALL OTHER CITY ORDINANCES

_____

SIGNATURE OF APPLICANT

_____ **OF FULL AGE, BEING DULY SWORN, DEPOSES AND SAYS:**

"I am the _____ who signed the foregoing application."
Applicant or Officer of Organization

"I have carefully read the statements; the matters and things set forth therein are true."

_____

SIGNATURE OF APPLICANT

The applicant and any other persons, organizations, firms, or corporations on whose behalf the applicant is made represent, stipulate, contract, and agree that they do jointly and severally indemnify and hold harmless the City of Elizabeth against liability for any and all claims for damage to property, or injury to, or death of, persons arising out of or resulting from the issuance of the permit or the conduct of the solicitation of its participants.

I AM THE APPLICANT WHO SIGNED THE FOREGOING STATEMENT. I HAVE CAREFULLY READ THE STATEMENT AND THE MATTERS AND THINGS SET FORTH THEREIN ARE TRUE.

_____

SIGNATURE OF APPLICANT

STATE OF NEW JERSEY:
SS
COUNTY OF UNION

Sworn and subscribed before me

This _____ day of _____ 20_____

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FOR POLICE DEPARTMENT

I have investigated this application and the applicant named herein and would recommend as follows:

_____

_____

_____

_____

_____ _____

Director of Police Department **Date**

Rev. 9152025