



City of Pleasantville

CHARITABLE SOLICITATION APPLICATION

Name of Organization: _____

Address of Organization: _____

Contact Person of Organization: _____ Phone: _____

Location of Solicitation: _____

Dates & Times of Solicitation: _____

If said request involves a county roadway and/or highway, said request shall include a copy of an authorization from the Atlantic County Board of Chosen Freeholders to permit said charitable solicitation. Attached ___Yes ___No

If said request involves a state roadway and/or highway, said request shall include a copy of an authorization from the State of New Jersey Commissioner of Transportation to permit charitable solicitation. Attached? ___Yes ___No

List of all proposed safety regulations, safety devices and training individuals who shall participate in the charitable solicitation and/or a report as to the procedures to be used traversing the roadways and/or highways of the City of Pleasantville: _____

NOTE TO THE APPLICANT: This application will be forwarded to the City Administrator & Chief of Police for their review and recommendation, which will be forwarded to City Council for their approval.

OFFICE USE ONLY

City Administrator: _____

Chief of Police: _____

Decision of City Council: Resolution No.: _____ Date: _____

Approved: _____ Denied: _____