



Lori DiBella, RMC  
Borough Clerk

## BOROUGH OF HAWTHORNE

Passaic County, New Jersey

445 Lafayette Avenue

Hawthorne, NJ 07506

973.427.1167 (P) ~ 973.427.2320 (F)

[www.hawthornenj.org](http://www.hawthornenj.org)



Vanessa Nienhouse  
Deputy Borough Clerk

# CHARITABLE SOLICITATION PERMIT INSTRUCTIONS

1. Fill out application forms in accordance with Passaic County Resolution R16 (9-22-98) on Charitable Solicitations:
  - *Charitable Solicitation Permit Application Form, County of Passaic (1 pg)*
  - *Application for "Tag Day" Permit, Borough of Hawthorne (3 pgs)*
  - *Hawthorne Organizations **only** may apply*
2. **Include a copy of the organization's Certificate of Liability Insurance**, naming Passaic County as an additional insured.
3. Return the completed application and insurance certificate via email to [vnienhouse@hawthornenj.org](mailto:vnienhouse@hawthornenj.org) or [ldibella@hawthornenj.org](mailto:ldibella@hawthornenj.org) ; via first class mail or hand deliver to:

Borough Clerk's Office  
Borough of Hawthorne  
445 Lafayette Avenue  
Hawthorne, NJ 07506
4. **Allow at least 15 business days for processing of the approval.**
5. Any questions, please contact the Borough Clerk's office at 973.427.1167.



# County of Passaic

Administration Building  
401 Grand Street • Paterson, New Jersey 07505

Steven J. Edmond, P.E.  
County Engineer

TEL: 973-881-4456  
FAX: 973-742-3936  
TDD: 973-279-9786

## CHARITABLE SOLICITATION PERMIT APPLICATION FORM

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date(s) charitable solicitation is requested \_\_\_\_\_

Beginning Time \_\_\_\_\_ End Time \_\_\_\_\_

### LOCATION OF PROPOSED CHARITABLE SOLICITATION

Municipality \_\_\_\_\_

Street \_\_\_\_\_

Intersecting Street \_\_\_\_\_

Specify which direction(s) of traffic will be affected:  
\_\_\_\_\_

### METHOD OF CHARITABLE SOLICITATION

Explain the proposed method of charitable solicitation:

\_\_\_\_\_  
\_\_\_\_\_

APPROVAL GRANTED BY \_\_\_\_\_ Date \_\_\_\_\_  
**Charles Silverstein, Traffic Engineer, Passaic County**



BOROUGH OF **HAWTHORNE**  
 ~ **APPLICATION FOR "TAG DAY" PERMIT** ~  
 Article IV 361:20

1. Name of Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

- 2. "Certificate of Liability Insurance" must be included with your application.
- 3. Allow a minimum of (3) three weeks (15 business days) for approval.
- 4. List anticipated Corner Locations. (Page 2)
- 5. List names and addresses of all persons who will engage in activities under permit. (Page 3)
- 6. Give a short description of purpose, cause, benefit, or other reason for your "Tag Day" and the proposed disposition of funds received.  
 \_\_\_\_\_

7. Tag Day Solicitations can **only** be held on Saturdays.

Date Requested: \_\_\_\_\_

Time of Day: Begin \_\_\_\_\_ End \_\_\_\_\_

**\*\*\*SAFETY CRITERIA:** All solicitors shall wear safety vests labeled as meeting the ANSI 107-1999 standard performance, incorporated herein by reference as amended and supplemented, for Class 2 risk exposure. The ANSI standards are available at <http://webstore.ansi.org/>.\*\*\*

I certify that the statements contained in the application are true. I understand that if any matter recited above changes during the effective period of the requested permit, I will report such change immediately to the Borough Clerk for amendment of this application. **I further certify that no person under the age of 18 years will be involved in this "Tag Day" solicitation.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Contact Person or principal officer responsible

**BOROUGH OF HAWTHORNE  
Tag Day Permit Application**

**Soliciting Donations on Public Streets  
(County streets will require County approval)**

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**Organization Name**

**Anticipated Corner Locations:**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

