



Lori DiBella, RMC  
Borough Clerk

## BOROUGH OF HAWTHORNE

Passaic County, New Jersey

445 Lafayette Avenue

Hawthorne, NJ 07506

973.427.1167 ~ [www.hawthornenj.org](http://www.hawthornenj.org)



# 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 [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, Suite 102  
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

Date Municipal Approval

**BOROUGH OF HAWTHORNE  
Tag Day Permit Application**

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

\_\_\_\_\_  
Organization Name

**Anticipated Corner Locations:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

