

**TOWN OF HACKETTSTOWN
COIN TOSS PERMIT APPLICATION**

Name of Organization: _____

Address of Organization:

Phone Number of Organization:

Contact Person and Phone Number: _____

Specific location(s) of proposed charitable solicitation: _____

Equipment and Signage proposed to be used: _____

Dates and times of proposed charitable solicitation: _____

If said request pertains to a location or locations on any County highway, said application shall include a copy of an authorization from the Warren County Board of Chosen Freeholders to permit said charitable solicitation.

If said request pertains to a location or locations on any State highway or intersection of a State highway, said application shall include a copy of an

authorization from the Commissioner of Transportation of the State of New Jersey to permit said charitable solicitation.

Identify the manner in which the motorist solicitation will be conducted and the procedures to be used to ensure the safety of the members of the public who will be traveling the roadways situated in the Town of Hackettstown:

If said request is solely impacting local roads, evidence of approval from the Hackettstown Police Department is required and must be attached.

Date Reviewed

Applicant Signature

Approved by Mayor and Council on

Permit issued by Town Clerk on
