

**CITY OF SUMMIT
512 SPRINGFIELD AVENUE
SUMMIT, NEW JERSEY 07901**

CHARITABLE SOLICITATION PERMIT APPLICATION

APPLICATION SHALL BE SWORN TO AND FILED WITH THE CITY CLERK AT LEAST 30 DAYS PRIOR TO THE EFFECTIVE DATE ON WHICH THE PUBLIC SOLICITATION IS REQUESTED TO BEGIN.

Alternate dates might be proposed.

If while the application is pending, or during the term of any permit granted thereunder, there is any change in fact, policy or method that would alter the information given in the application, the applicant shall notify the City Clerk within 24 hours after such change.

No permit will grant the right to solicit for a period longer than 15 consecutive days, during non-daylight hours, and/or on Sundays, unless permission is granted by Common Council after written request therefor.

Each day, before the solicitation begins, the person or organization shall advise the Police Department what areas of town will be solicited.

Residents not desiring to be solicited may display a sign, no larger than one square foot, on their entrance door stating: "**No Solicitation,**" "**No Salesman,**" or "**Do Not Disturb.**"

There shall also be established a registry of those residents who wish not to be solicited and a copy of said registry shall be at the Police Department. Each person or organization shall request and be given a copy of said registry upon the first day of advising of the areas of solicitation.

Any person or organization receiving money or any other thing for a value of \$1.00 or more from any contributor under a solicitation made pursuant to the ordinance shall give to the contributor, upon request, a written receipt signed by solicitor showing the date and amount received; provided, however, that this requirement shall not apply to any contribution collected by means of a passed envelope or other receptacle where the use thereof has been indicated in the application for the permit and approved by Common Council.

All solicitations conducted under the authority of this application shall take place during **daylight hours, Monday through Saturday unless otherwise requested IN WRITING and approved by Common Council.**

A copy of the regulating ordinance is available for review on the City's website: www.cityofsummit.org, at the City Clerk's Office, or for purchase at a cost of \$2.25.

Please complete the following: (PLEASE PRINT CLEARLY)

a. The name, address or headquarters, and telephone number of the person or organization applying for the permit.

b. If the applicant is not an individual, the names, addresses, and telephone numbers of the applicant's local officers, and if there be none, then County officers, and if there be none, then State officers.

c. The purpose for which such solicitation is to be made.

d. The names of at least two other New Jersey municipalities where solicitation has been made within the last three years, or, if none, a general statement as to where solicitations have been made.

e. A brief statement of the method to be used in conducting the solicitation.

f. The time and dates when such solicitations shall be made, and alternate dates for the beginning and ending of such solicitations.

g. The name, address, and telephone number of the Summit resident whom the City Clerk or the Chief of Police can contact to obtain reasonable additional information, to confirm identification of solicitors, and to report possible violations of the ordinance hereof.

h. The names, addresses and contact phone numbers of all solicitors not residing in the City of Summit (attach additional pages if necessary).

i. A listing of all prior convictions involving moral turpitude of applicant, its officers, or any solicitors (attach additional pages if necessary).

j. A statement indicating what percentage of the contributions received as apportioned to administrative expenses, which includes, but is not limited to, salaries, compensation for personal services, and publicity costs, and what percentage is used for the purpose stated in subsection (c) of this application.

k. A statement of the effect that if the permit is approved, it will not be used or represented in any way as an endorsement of the proposed solicitation by the City of Summit or its agents.

l. Such other information as may be reasonably required by the City Clerk, the Chief of Police, or any other official of the municipality in order to determine the character and purpose of such solicitation.

Sworn to and subscribed before

_____ Officer and Title

me this day of

_____ Member in Charge

_____ 20__

Notary Public

POLICE USE ONLY

Signature of Approval _____

Date of Approval _____

Reason for Denial _____

REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION FOR A NONCRIMINAL JUSTICE PURPOSE

PLEASE COMPLETE FOR EACH PERSON INDICATED ON APPLICATION (PHOTOCOPY AS NECESSARY)

COMPLETE NAME AND ADDRESS OF REQUESTING AGENCY

CITY OF SUMMIT – SUMMIT POLICE DEPARTMENT 512 Springfield Avenue, Summit NJ 07901	ASSIGNED IDENTIFIER (ORI Number)
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COMPLETE SHADED AREAS ONLY – TYPE OR PRINT ALL INFORMATION

Attach photocopy of current driver’s license or other valid ID

REQUESTING AGENCY USE ONLY

NAME (Including Maiden Name)	SBI NUMBER (If Known)
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(Last Name) (Maiden Name) (First Name) (Middle)

ADDRESS	FBI NUMBER (If Known)
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(Number) (Street) (City) (State) (Zip)

DOB	SEX: RACE:	Home Phone: Day/Cell Phone:	SOCIAL SECURITY NUMBER
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(Month) (Day) (Year)

I certify that I am authorized to receive Criminal History Record Information pursuant to a Federal or State Statute, Rule or Regulation, Executive Order, Administrative Code Provision, Local Ordinance, or Resolution. I understand that the Criminal History Record Information received shall not be disseminated to persons unauthorized to receive the information.

(Enter the appropriate Statute, Rule or Regulation, Executive Order, Administrative Code, Local Ordinance, or Resolution.)

CHARITABLE SOLICITATION PERMIT APPLICATION – CITY OF SUMMIT CODE SECTION 4-7.4

_____ Type or Print Name of Authorized Person Making Request	_____ Signature of Authorized Person Making Request
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AUTHORIZATION BY SUBJECT OF REQUEST AND PRIVACY ACT NOTIFICATION

Supervisor, State Bureau of Identification:

I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria, for the above stated Noncriminal Justice Purpose to **SUMMIT POLICE DEPARTMENT DETECTIVE BUREAU**

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize that disclosure of my social security number is **voluntary**. I also realize my social security number will be used by the State Bureau of Identification for the purpose of facilitating the security check authorized by the above referenced authority. Any information released as a result of this authorization, including the furnishing of my social security number, shall be used only for the express purpose of processing the above indicated application.

X

 Signature of Applicant

 Date