



CITY CLERK'S OFFICE
CITY OF ENGLEWOOD
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Englewood, NJ 07631
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Date of Application: _____

Granted Denied

FUNDRAISING DRIVE APPLICATION

1. TO BE COMPLETED BY ALL APPLICANTS:

Name of Applicant: _____

Telephone Number: _____

Home Address: _____

Organization Name: _____

Organization Address: _____

2. Date of the Event: _____

3. Type of Event: _____

4. Location of the Event: _____

5. Supervisor of the Event: _____

6. Are there going to be any minors at the fundraising Event: _____

7. Other information required by the licensing authority to facilitate the processing of the application and the determination as to whether the requested license or permit should be used (see attached if applicable).

I certify that all of the statements set forth on this application, as well as the attachments hereto, are true. I understand that if any of the foregoing statements made by me are willfully false. I am subject to punishment

Date

Signature of Applicant