

APPLICATION TO SOLICIT FOR CHARITABLE CONTRIBUTIONS

Date:	_
Name of Organization:	Phone
Address:	
Email:	
Proceeds will be used for:	
Funds to be disbursed by: (Treasurer) Name	
Addre	SS
Person in charge of solicitation:Name	
Addre	SS
Method of solicitation:	_ Requested date of event:
THE FOLLOWING MUST ACCOMPANY APPLICATION: \$10.00 Fee List of individual workers and address Financial statement of last fiscal year in accordance with the Ordinance requirements	
I hereby certify that the actual cost of this solicitation will not exceed 20% of the amount to be raised and that the permit will not be represented as an endorsement of the Borough of Rutherford's or any Borough Officer.	

Signature of Applicant

Applicant's Name (Printed)

Address of Applicant

Phone #