

TOWNSHIP OF ALLOWAY

APPLICATION FOR MOTORIST SOLICITATION

IN ACCORDANCE WITH N.J.S.A. 39:4-60 AND ALLOWAY TOWNSHIP ORDINANCE NO. 520-Article II

${\bf Submissions\ must\ be\ complete.}\ In complete\ applications\ will\ be\ returned.$

PLEASE PRINT OR TYPE

Name of applicant organization	telephone number
Address (mailing and physical)	
Name of person responsible for the motorist solicita	tion event telephone number
Address (mailing and physical)	/
Specific location or locations of proposed charitable	solicitation

5.	Does this request pertain to a location or locations on any County Road?	oad or intersect Yes	ion with a No
6.	Does this request pertain to a location or locations on any State High State Highway?	way or interse Yes	ction with a No
7.	Identify the manner in which the motorist solicitation will be conduct be used to ensure the safety of the members of the public of the public roadways in the Township of Alloway.		
8.	Certificate of Insurance attached?	Yes	No
9.	Indemnification Agreement (Hold Harmless) attached?	Yes	No
of the	igning below, I hereby certify that I am authorized and empowered to see applicant. I further certify that information contained in this application pulsuant is a charitable organization pursuant to NJSA 45:17A-20.		
Date	Signature of Applicant / Title		
ORG	GANIZATION IS SUBJECT TO ADHERENCE OF RULES AND I RISK LOSS OF MOTORIST SOLICITATION PE AND JEOPARDIZE FUTURE REQUESTS	CRMIT	NS OR MAY
	Municipal Use Only		
Date	Approved Date Denied		
	orization from the Salem County Board of County Commissioners attached		N/A
	orization from the New Jersey Commissioners of Transportation is		N/A