



City of Bridgeton
Municipal Clerk office
181 E. Commerce Street
Bridgeton, NJ 08302

Phone: 856 455-3230
Fax : 856 451- 5321
www.cityofbridgeton.com

BLOCK OFF STREET APPLICATION

(Nonrefundable fee of \$75.00 due at time of application)

Name of person making application _____

Address of applicant _____

Telephone # _____

Date of Birth _____ SSN _____

Statement as to whether the applicant has been arrested for any offense or crime or the violation of any Municipal Ordinance other than traffic offenses. Please give the date and place of conviction, nature of offense and punishment. _____

Character References, Name, Address and Telephone Number

1. _____

2. _____

3. _____

Have you ever applied for a license in the past? YES NO

If Yes, when? _____

Person in charge of organization _____

Name of Street to be blocked off _____

From _____ to _____

Date of event _____ Time of event _____

Reason for event _____

I _____ request the Mayor or Business Administrator to waive the City's fee for this event. I understand as the event sponsor I am required to pay the nonrefundable application fee of \$75.00 if the waiver is not approved.

If a waiver is requested, the following information must be provided with the request:



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Name of Entity Sponsoring the Event _____

Profit Non Profit

Is any money being charged or collected for the event: Yes No

Will any vendors be paying to be a part of the event: Yes No

Please attach a brief budget for this the event along with the application. This budget should include expected revenue and anticipated expenses.

I hereby certify that the foregoing information given on this application is true and complete to the best of my knowledge and belief. I further agree to comply with the laws and ordinances of the City of Bridgeton

Signature: _____ Date: _____

RELEASE AUTHORIZATION

To all references, courts, Probation Departments, Employers, Schools, and other institutions and agencies without exceptions:

I, _____, am making application for licensure in the City of Bridgeton. As a result an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Bridgeton Police Department, or its representatives, any and all information you may have on file pertaining to me, whether this is documentary, oral, or otherwise, that they may request.

A Photostat copy of this authorization will be considered as effective and valid as the original.

Signature: _____ Print Name: _____

Address: _____

Date: _____ D.O.B _____ Social Security Number _____

Witness _____ Date _____



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----- OFFICE USE ONLY-----

Waiver approved Yes No

Mayor's Signature: _____ *OR*

Business Administrator's Signature: _____

Report of Investigating Officer: Approved YES NO

Signature of Investigating Officer: _____

Date: _____

City Council Meeting Date: _____

Date approved by City Council: _____

License permit date issued: _____

Liability Insurance attached: YES NO

Clerk's Comments: _____

Completed: _____