

Coin Drop Application and Instructions

March, 2017

Applications for Coin Drops must be filled out and returned to Barbara Freijomil, Municipal Clerk, along with a Certificate of Insurance (See Letter C). The Chief of Police will then review and sign. The application will be sent to the Gloucester County Department of Public Works by the Municipal Clerk. When it is approved, you will be notified.

**COUNTY OF GLOUCESTER
DEPARTMENT OF PUBLIC WORKS
PERMIT DIVISION**

APPLICATION FOR COIN DROP/TOSS

Applicant: Name _____

Address _____

Fax # _____ Phone # _____

Name of the Responsible Party for the Charitable Organization _____

Location of the Coin Drop, describing the roadway and demonstrating that the coin drop/toss is being conducted at a traffic signal or bridge opening:

Date (s) of the coin drop/toss (Month/Date/Year)

Starting time for the coin drop/toss _____

Ending time for the coin drop/toss _____

* Coin toss/drops are only to be conducted during daylight hours.

By signing this application the Applicant meets the definition of permitted charitable organizations as defined as follows:

- A. Pursuant to NJSA 45:17A-20 Charitable Organizations is defined as (1) any person determined by the Federal Internal Revenue Service to be a tax exempt organization pursuant to section 501 (c) (3) of the Internal Revenue code of 1986, 26 USC sec. 501 (c) (3); or (2) any person who is, or holds himself out to be, established for any benevolent philanthropic, humane, social, welfare, public health, or other eleemosynary purpose, or for the benefit of law enforcement personnel, firefighters or other persons who protect the public safety, or any person who in any manner employs a charitable appeal as the basis of any solicitation, or any appeal which has a tendency to suggest there is a charitable purpose to any such solicitation.

The following authorized agent for the Applicant hereby certifies that he or she has full authority to sign this application and hereby further certifies that the foregoing statements are true. I am aware that any of the foregoing statements made by me are willfully false, I am subject to punishment.

Applicant or Authorized Agent for Applicant

Print name of signer

Date

Authorization by the Chief of Police or his Authorized Representative in charge of Traffic Regulation

I, hereby certify that I have reviewed the application and determined that it is in compliance with all local and county policies.

Chief of Police

Date

FOR THE PUBLIC WORKS COMMITTEE

COMMENTS: _____

Approved _____

Director of Public Works or Authorized Agent

Date _____

This form may be faxed to Joan Gonserkevis in the Permit Division at 856-307-6409, or you may call for information at 856-307-6657.