



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

DEPARTMENT OF
COMMUNITY SERVICES

PERMIT APPLICATION FOR NON-PROFIT ORGANIZATIONS

The following is a permit application for a non-profit organization to engage in the sale and distribution of merchandise on the Ocean City boardwalk during daylight hours, no earlier than 11:00 a.m. nor later than 9:00 p.m. prevailing time in the following boardwalk areas: the east side portion of the boardwalk between 5th and 6th Street and between 14th and 16th Street's inclusive. The permit will be valid for one month.

This application must be submitted during the calendar month prior to the permit month and must include:

1. Certified articles of incorporation;
2. Certificate of good standing from its State of Incorporation;
3. Documentation of tax exempt status;
4. Documentation from the N.J. State Attorney General's Office that the organization has registered with that office and received a permit as required in N.J.S.A. 17A-18 et seq, the "Charitable Registration and Investigation Act";
5. A sample of the item to be sold or distributed;
6. A copy of the fact sheet about the organization as described in Ordinance 97-19, Section G (Vol. I of the Revised General Ordinance of the City of Ocean City 18-3.5.g);
7. A \$25.00 application fee to be paid upon receipt of each permit.

NON-PROFIT ORGANIZATION INFORMATION:

Name: _____

Address: _____

PERSON(S) IN CHARGE OF ORGANIZING THE ACTIVITY:

(1) NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

PHONE NO. DURING BUSINESS HOURS: _____

(2) NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

PHONE NO. DURING BUSINESS HOURS: _____

(3) NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

PHONE NO. DURING BUSINESS HOURS: _____

PERSON(S) INVLOVED IN THE ACTIVITY AT THE LOCATION
[ONLY ONE PERMIT HOLDER MAY OCCUPY A LOCATION AT ONE TIME]

NAME: _____

SOCIAL SECURITY NUMBER: _____

NAME: _____

SOCIAL SECURITY NUMBER: _____

NAME: _____

SOCIAL SECURITY NUMBER: _____

NAME: _____

SOCIAL SECURITY NUMBER: _____

DESIRED LOCATION OF ACTIVITY
[LIMIT OF 2 (TWO) LOCATIONS]

Location 1 Name: _____

Location 1 Address: _____

Location 2 Name: _____

Location 2 Address: _____

PERIOD OF TIME FOR WHICH APPLICANT SEEKS PERMIT:

BRIEF DESCRIPTION OF MERCHANDISE TO BE SOLD, OFFERED FOR SALE OR DISTIBUTED:

I HAVE RECEIVED A COPY OF ORDINANCE 18-3.5 OUTLINING THE PERMIT REQUIREMENTS.

SIGNATURE OF APPLICANT OR REPRESENTATION OF THE ORGANIZATION:

SIGNATURE: _____

PRINT NAME: _____