TOWNSHIP OF MONTGOMERY
SOMERSET COUNTY, NEW JERSEY

APPLICATION
FOR
SPECIAL PERMIT FOR NON-PROFIT ORGANIZATIONS

Organization Name :_____ Date:_____

Address: _____

Person in Charge: _____ Telephone #:_____

Address:_____

Nature of Business:_____

Duration of Activity_____

Approximate # of Participants:_____

Names of Participants Address of Participants

Sworn and Subscribed before me
A Notary Public. Date_____

_____
Applicant's Signature

_____

ACTIVITIES ARE PERMITTED BETWEEN 9 AM AND 9 PM DAILY (Ch. 4-1.10(i), Twp Code)

Approved_____Date:_____
Township Clerk
Approved_____Date:_____
Police Director