

A NONREFUNDABLE FEE OF \$50.00 IS REQUIRED WHEN APPLICATION IS SUBMITTED

APPLICATION TO BLOCK OFF STREET

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, 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? _____

Name of organization requesting license _____

Address _____ Phone _____

Person in charge of organization _____

Name of Street to be blocked off _____

from _____ to _____

Date of event _____ Time _____ to _____

Reason for event _____

Note: If any of the above information is falsified, it is grounds for rejection of this application.

By my signature below, I swear the above information is true and correct.

Signature _____ Date _____

Report of Investigating Officer: _____ Applicant Approved (Yes) (No)

Signature of Investigating Officer _____ Date _____

License Issued date _____

Please Note: Applicant must abide by noise ordinance.

City of Bridgeton

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/Firma

Print Name/Imprima Nombre

Address/Dirección

Date/ Fecha

DOB/ Fecha De Nacimiento

SS# / Numero de Seguro Social

Witness/Testigo

Date/Fecha