

**CITY OF BRIDGETON
REQUEST TO HOLD GOSPEL SERVICES**

1. Religious Organization _____ Telephone # _____
2. Address _____
3. Name and address of person responsible for services _____

4. Location of Services _____
5. Date of services to be held _____
6. Hours of services _____
7. Will contributions be solicited? Yes _____ No _____
8. Who will benefit from contributions? _____

I, the undersigned, understand that if permission to hold Gospel Services is granted, said services will not interfere with pedestrian or vehicle traffic. I further understand that if complaints are made or made or problems arise, the city reserves the right to revoke permission and disband the group.

Date

Representative of Organization

Signature of Person Responsible

PROPERTY OWNER'S PERMISSION

I, the undersigned, State that I am the owner of property situate _____

_____ and hereby give my permission to the above to hold gospel street services on my property.

Date _____ Property owner _____

Report of Investigating Officer:

Applicant Approved: (Yes) (No)

Date _____ Signature of Investigating Officer _____

Please note: Applicant must abide by noise ordinance.

Certificate of Insurance- Liability \$1,000,000.00

All trash and debris must be removed and property left in respectable condition

Any problems arise, the city has the right to rescind this permit

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/Direccion

Date/ Fecha

DOB/ Fecha De Nacimiento

SS# / Numero de Seguro Social

Witness/Testigo

Date/Fecha