



# HANDBILL Distribution Permit Application

## BOROUGH OF WOODBURY HEIGHTS

GLOUCESTER COUNTY

**DISTRIBUTOR INFORMATION: (PLEASE PRINT)**

*Separate Application and fees required for each distributor.*

Current US or State government-issued photo ID required for each Distributor name submitted.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_

**# of Distributions** \_\_\_\_\_ **Date(s) of Distribution** \_\_\_\_\_

**PAYMENT INFORMATION**

<b>Fees:</b>	
Filing Fee	\$5.00
<b>Plus # of Distributions:</b>	
1	\$10.00
2 - 9	\$25.00
10 - 50	\$50.00
<b>Annual Permit = Calendar Year</b>	
(Annual permit not exceeding 50)	

**PERMIT EXPIRATION DATE**

**BUSINESS INFORMATION: (PLEASE PRINT)**

Business Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ Distribution Material \_\_\_\_\_

(Please attach a sample copy of the material being distributed.)

Are you a Charity or other Nonprofit Organization?  Yes  No (Application for exemption attached.)

**POLICE INFORMATION: (PLEASE PRINT)**

Have you ever been convicted of a crime, disorderly person's offense, or violation of a Municipal Ordinance?  Yes  No

If yes, please state where, when, nature of offense and disposition \_\_\_\_\_

\_\_\_\_\_

Motor vehicle to be used \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_ Registered Owner \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**This application must be fully and accurately completed. False or misleading statements may subject applicant to the penalties of perjury in addition to other penalties provided by law.**

**I solemnly swear and affirm that the information contained herein is true and correct to the best of my knowledge.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

APPLICANT

**APPROVED:**

Date: \_\_\_\_\_ Chief of Police: \_\_\_\_\_

**ISSUED:**

Date: \_\_\_\_\_ Borough Clerk: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Nontransferable