

**TOWNSHIP OF BERKELEY HEIGHTS  
29 PARK AVENUE  
BERKELEY HEIGHTS, NEW JERSEY 07922**

**POLICE APPROVAL FOR RAFFLE LICENSE**

**APPLICANT:** Please complete the following information so the Police Department can conduct the required investigation. For each officer or member in charge listed below, complete the attached "Authorization for Release of Information and Records" Form. In addition, attach a copy of their driver's license to the form.

**NAME OF ORGANIZATION:** \_\_\_\_\_

**TYPE OF RAFFLE:** \_\_\_\_\_ **DATE OF RAFFLE** \_\_\_\_\_

**LOCATION WHERE RAFFLE IS TO HELD:** \_\_\_\_\_

<b>NAMES OF OFFICERS</b>	<b>DATE OF BIRTH</b>	<b>SS#</b>	<b>ADDRESS</b>	<b>PHONE #</b>

**MEMBERS IN CHARGE**

<b>(If Different From Above)</b>	<b>DATE OF BIRTH</b>	<b>SS#</b>	<b>ADDRESS</b>	<b>PHONE #</b>

**POLICE DEPARTMENT:** Please investigate the above members according to NJSA 5:8-27, sign below indicating approval, and return to the Township Clerk's Office.

**POLICE APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_