

**COUNTY OF GLOUCESTER**  
**DEPARTMENT OF PUBLIC WORKS**  
**PERMIT DIVISION**

**APPLICATION FOR COIN DROP/TOSS**

Applicant: Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Name of the Responsible Party for the Charitable Organization \_\_\_\_\_

Location of the Coin Drop, describing the roadway and demonstrating that the coin drop/toss is being conducted at a traffic signal or bridge opening:

\_\_\_\_\_

Date (s) of the coin drop/toss (Month/Date/Year)

\_\_\_\_\_

Starting time for the coin drop/toss \_\_\_\_\_

Ending time for the coin drop/toss \_\_\_\_\_

\* Coin toss/drops are only to be conducted during daylight hours.

By signing this application, the Applicant meets the definition of permitted charitable organizations as defined as follows:

- A. Pursuant to NJSA 45:17A-20 Charitable Organizations is to defined as (1) any person determined by the Federal Internal Revenue Service to be a tax exempt organization pursuant to section 501 (c) (3) of the Internal Revenue code of 1986, 26 USC sec. 501 (c) (3); or (2) any person who is, or holds himself out to be, established for any benevolent philanthropic, humane, social, welfare, public health, or other eleemosynary purpose, or for the benefit of law enforcement personnel, firefighters or other persons who protect the public safety, or any person who in any manner employs a charitable appeal as the basis of any solicitation, or any appeal which has a tendency to suggest there is a charitable purpose to any such solicitation.

- County of Gloucester  
Board of County Commissioners  
Its Departments and Agencies  
PO Box 337  
Woodbury, NJ 08096  
Attn: Highway Permit Department

- List the names and ages of those persons who will be participating in the coin drop/toss for the application. No person under the age of eighteen (18) shall be allowed on the highway. Attach an additional sheet if necessary.


The following authorized agent for the Applicant hereby certifies that he or she has full authority to sign this application and hereby further certifies that the foregoing statements are true. I am aware that any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Applicant or Authorized Agent for Applicant

\_\_\_\_\_  
Print name of signer

\_\_\_\_\_  
Date

Authorization by the Chief of Police or his Authorized Representative in charge of Traffic Regulation

I, hereby certify that I have reviewed the application and determined that it is in compliance with all local and county policies.

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date

FOR THE PUBLIC WORKS DEPARTMENT

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_  
Director of Public Works or Authorized Agent

Date \_\_\_\_\_

This form may be emailed to [RoadOpeningPermits@co.gloucester.nj.us](mailto:RoadOpeningPermits@co.gloucester.nj.us)