



TOWN OF DOVER

COUNTY OF MORRIS

37 North Sussex Street, Dover N.J. 07801

(973) 366-2200

**DOVER COMMUNITY CALENDAR
ORGANIZATION APPLICATION FORM**

FOR TOWN USE ONLY

Date Filed: _____

Received By: _____

Reviewed/Approved By: _____

Action: Approved Requires Additional Information Denied Date _____

APPLICANT

Organization Name: _____

Contact Person: _____

Organization's

Address: _____ Telephone Number: _____

Email: _____ Fax: _____

TYPE & LOCATION OF ORGANIZATION

Type:

Religious Organization Non-Profit Other (Describe) _____

Location:

Located In Dover Located _____ Miles Outside Dover

TYPE(s) OF EVENTS YOU WOULD LIKE TO POST ON COMMUNITY CALENDAR

Event Type:	Event Location
_____	_____
_____	_____
_____	_____

CERTIFICATIONS

Applicant's Certification

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership applicant.

(If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.)

Sworn to and subscribed before me this _____ day of _____, 20____

APPLICANT:

NOTARY PUBLIC

(Printed Name)

(Signature of Applicant)

Return to Tara Pettoni-Administration Office at Town Hall or email tpettoni@dover.nj.us