

FORM MUST BE COMPLETED IN FULL

OUTDOOR DISPLAY/TENT

Check if applicable



SUNDAY EXEMPTION

Check if applicable

**APPLICATION FOR WAIVER OR EXEMPTION FROM CHAPTER 295-2&3
AND/OR CHAPTER 391 OF THE PARAMUS CODE**

This form has been adopted by the Mayor and Council of Paramus to determine waiver or exemption from the "Display of Merchandise and/or Blue Laws." The information provided on this form must be sworn to by a person or representative with personal knowledge of the information.

Name: _____

Address: _____

Phone number/email: _____

If a company, is it for profit or non-profit? _____

If a non-profit, what is the federal tax designation?

Date of requested activities:

Describe the activity and will it take place on a Sunday:

If the applicant claims necessity, explain why the activity must be on a Sunday:

Will the applicant be paying employees for the Sunday activity:

Will the applicant be selling any goods or services on Sunday? If so, what?

If goods or services will be sold, will the applicant be donating all proceeds?

If all proceeds will not be donated, explain the breakdown of the proceeds, including who retains the profits:

What signs, banners, or other attention-getting devices will be used at the event or to promote the event:

Include a Site Map of event(If necessary):

Compliance with all other local, state, federal law: this form is only for waiver or exemption from Chapter 295 & 391 of the Paramus Code. It cannot be relied upon for any other purpose. The applicant is required to comply with all other applicable, local, state, and federal laws.
Affirmation of accurate information: the person signing the signature line below swears under penalty of perjury that the information on this form is true and accurate to the best of their knowledge and that nothing said in this form is willfully false.

Your application is routed to all impacted Borough Departments for approval. During the review process you may be contacted to provide additional information.

Signature: _____

Name: _____

Relationship to applicant (if not a person): _____

Dated: _____

Department Reviews: *(signature and date if approved)*

Police: _____

Fire Prevention: _____

Construction Code: _____

Health Department: _____

Borough Clerk: _____
(must return to Clerk)