

WILLINGBORO



TOWNSHIP
NEW JERSEY

Charitable Clothing Bin Permit Application

(NOTE: BIN MAY NOT BE PLACED WITHIN 100 YARDS OF ANY PLACE WHICH STORES LARGE AMOUNTS OF, OR SELLS, FUEL OR OTHER FLAMMABLE LIQUIDS OR GASES.)

PERMIT NO.	DATE/VALID THRU	BLOCK(S)	LOT(S)	FEE
				\$25.00 on approval

SURVEY OR PLOT PLAN ATTACHED SHOWING LOCATION/PROPOSED LOCATION OF CHARITABLE BIN AS PRECISELY AS POSSIBLE?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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APPLICANT SAME AS OWNER LOCATION OF CLOTHING BIN _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

OWNER: If other than applicant, written consent from owner to place bin on property must be attached.

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

CHECK IF WRITTEN CONSENT IS ATTACHED

WHO WILL SHARE PROFITS FROM BIN CONTRIBUTIONS/DONATIONS AND HOW: (ATTACH PLAIN SHEET IF MORE SPACE REQUIRED.)

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

FORM OF CONTRIBUTION: CLOTHING DONATIONS BOTH OTHER _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

FORM OF CONTRIBUTION: CLOTHING DONATIONS BOTH OTHER _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

FORM OF CONTRIBUTION: CLOTHING DONATIONS BOTH OTHER _____

DESCRIBE HOW CLOTHING / DONATIONS BIN COLLECTIONS WILL BE USED, SOLD OR DISBURSED:

INDICATE METHOD BY WHICH PROCEEDS OF BIN COLLECTIONS WILL BE ALLOCATED OR SPENT.

THIS PERMIT APPROVAL ALLOWSTHE APPLICANT TO LOCATE A CHARITABLE BIN ON SPECIFIED LOCATION FOR CALENDAR YEAR_____.

REQUIRED INFORMATION MUST BE DISPLAYED CLEARLY AND CONSPICUOUSLY ON EXTERIOR OF DONATION CLOTHING BIN.

I hereby certify that the actual/proposed charitable bin location is authorized by the owner of record, or I have been authorized by the owner to make this application as an authorized agent. I agree to conform to all application laws of this jurisdiction.

REQUESTERSIGNATURE _____

DATE _____

APPROVED: _____

DATE: _____

Owners / Users Must Clearly and Conspicuously Display Following Permit Information on Exterior of Each Charitable Clothing Bin:

- 1. Permit number and date of expiration**
- 2. Name and address of registered owner of bin and any other entity which may share or profit from donations collected via the bin**
- 3. Telephone number of person's bona fide office, and if applicable, the telephone number of the bona fide office of any other entity which may share or profit from bin (answering machine or service unrelated to person does not constitute a bona fide office.**
- 4. When entity other than owner of bin shares or profits from bin collections, indicate that clothing or other donations collected via the bin, their proceeds, or both, may be shared or given entirely to an entity other than person who owns bin. Identify all such entities which may share or profit from such donations.**
- 5. Post a statement that indicates the manner anticipated for clothing or other donations collected via the bin will be used, sold or disbursed. Indicate the method by which proceeds of collected donations will be allocated or spent.**

Return with fee to:
Willingboro Township Inspections
1 Rev. Dr. MLK Drive
Willingboro, NJ 08046