

TOWNSHIP OF WEST MILFORD

1480 Union Valley Road West Milford, NJ 07480 973-728-2701

APPLICATION FOR CHARITABLE CLOTHING BIN(S) PERMIT

NEW	RENEWAL	License period January 1 thru December 31					
	PERM	IIT REQUIREMENTS FOR PLACEMENT & USE					
1.	All persons wishing to place, use or employ a donation clothing bin within the Township of West Milford, for solicitation purposes, must obtain a permit from the Office of the Municipal Clerk, which is approved by Township Council.						
2.		<mark>0 per bin</mark> must accompany application when filed.					
3.		n annual basis. Permits expire on December 31.					
4.	Any questions regarding this	s application should be directed to the Township Clerk's Office.					
		APPLICATION REQUIREMENTS					
5. 6.	The name and telephone nu any clothing or other donation	es providing the precise location where the bin(s) are to be situated. Imber of the bona fide office of any person or entity which may share or profit from Instructions collected via the bin, at which such person can be reached during normal Instruction poses of this subsection, an answering machine or service unrelated to the person Indeed office.					
7.	State of New Jersey pursua by a religious corporation, tr	owned by a charitable organization registered with the Attorney General of the nt to P.L. 1994, c.16 (<i>N.J.S.A.</i> 45:17A-18 <i>et seq.</i>) or that the clothing bin is owned rust, foundation, association or organization incorporated under the provisions of d Statutes or Title 15A of the New Jersey Statutes.					
8.	The manner in which the pe	erson anticipates any clothing or other donations collected via the bin would be d the method by which the proceeds of collected donations would be allocated or					
9.		operty owner to place the bin on his property.					
	<u>Ri</u>	ENEWAL APPLICATION REQUIREMENTS					
	In addition to the above app	olication requirements, renewal applications must include the following:					
10.		umber of the bona fide office of any entity which shared or profited from any collected via the bin. The name and telephone number of any entities which may do					
11.	A statement on the manner collect via the bin, the methor	in which the person has used, sold, or dispersed any clothing or other donation od by which the proceeds of collected donations have been allocated or spent, and icipate it may make in these process during the period covered by the renewal.					
12.		b be moved, the new location where the bin is to be situated, as precisely as it from the property owner of the new location.					
		PERMIT INFORMATION (Please Print)					

NAME OF ORGANIZATION WHERE BINS WILL BE PLACED:				CONTACT NAME:	
ADDRESS FOR ABOVE:				PHONE:	
COMPANY NAME OF BIN OWNER:					
BIN OWNER CONTACT:				PHONE:	
BIN COMPANY ADDRESS:				РО ВОХ	
CITY:		STATE:		ZIP:	
BIN CONTACT EMAIL:			ORGANIZATION EMAIL :		

			001117			
Name of Property Owners	RIN FOCA	ATION INF	ORMATION			
Name of Property Owner:						
Premise St. Address:						
City: Location(s) of Bin(s)	State:	Zip:			Phone: Number of Bins	
			Tramper of Bills			
					-	
Name of Property Owner:						
Premise St. Address:					1	
City: Location(s) of Bin(s)	State:	Zip:			Phone: Number of Bins	
Location(s) of Bin(s)					Number of bins	
Name of Property Owner:						
Premise St. Address:						
City:	State:	Zip:			Phone:	
Location(s) of Bin(s)					Number of Bins	
Name of Branchi Owner						
Name of Property Owner:						
Premise St. Address:		1				
City:	State:	Zip:			Phone:	
Oity.	_ State.	Ζιρ.			Number of Bins	
Locations(s) of Bin(s)						
I certify that the information provided	with this application	n is true o	complete and co	rrect		
Toorary that the information provided	тип присто	1110 1140, 0	omplete and co	11000		
SIGNATURE:					:	
	RESERVED	FOR MU	NICIPAL USE			
License Fee Received				Police	e Investigation Appli	cation filed
Application Approved					Inspection	Completed
	_ _					L
Application Denied						
License No.	Date:					
			Townsh	ip Clerk		