



**Donation Collection Bin Permit Application Form**

**FOR INTAKE, STAFF USE ONLY**

License No. \_\_\_\_\_

Permit Fee: \$5,000.00

Code: CBIN

Municipal Code Section 11.090

FEES ARE NONREFUNDABLE AND WILL NOT BE PRORATED

License Term is January 1 - December 31

*Complete all sections. Please print legibly.*

**Section 1: SITE INFORMATION**

Donation Collection Bin Placement Site Address \_\_\_\_\_

Number of Bins \_\_\_\_\_

Description of Bin Placement Location on Site \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Property Owner Mailing Address \_\_\_\_\_

Property Owner Telephone Number \_\_\_\_\_

Signature of Property Owner indicating consent for bin placement \_\_\_\_\_

Date

**Section 2: BIN OWNER/CARETAKER CONTACT INFORMATION**

Name of Collection Bin Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of Person Responsible for Donation Collections and Bin Maintenance (if different) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Section 3: APPLICANT INFORMATION**

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Relationship of Applicant to Property Owner \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date