



Township of Wall
 Township Clerk's Office
 2700 Allaire Road
 Wall, NJ 07719
 (732)449-8444 Ext. 2200

2016-2017
 Donation Bin Application

<u>Contact Information for Donation Bin Company</u>			
Company Name:		Name of Contact:	
E-mail:		Phone:	
Address:		Fax:	

The annual permit fee is \$50.00 per bin. Please include a check payable to the Township of Wall.

Number of Bins: _____

<u>Property Owner Information</u>			
Block:		Location of the Donation Bins- Address:	
Lot:		Name of Property Owner:	
Consent of Property Owner: (A separate document of consent may be attached to the application)	_____ Signature _____ Date		

<u>Office of the Company Sharing Profit</u>			
Company Name:		E-mail Address:	
Contact Name:		Phone:	
Address:			

Description of how clothing and donations collected will be used, sold or dispersed:

Description of how the proceeds of donations will be allocated:

Two (2) Copies of an accurately scaled survey/plot plan showing the following:

- All existing and proposed construction drawn to scale
- Setback dimensions from property lines of all proposed donation bins

Certificate of Liability Insurance, noting Wall Township as additionally insured, in the amount of 1 (one) million dollars if the bins are located on Township owned property

- By checking this box, I consent that the location of the bin(s) have not changed from the 2015-2016 licensing term.
- By checking this box, I consent that I have reviewed and understand Township Code Chapter 96 pertaining to Donation Bins

 Applicant's Signature

 Date of Application

<u>OFFICE USE ONLY</u>			
Fee Paid:		Check Number:	
Consent from Property Owner:		Date of Approval from Engineering:	
License Number:		Date Issued:	