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

# Donation Bin Application

| Contact Information for Donation Bin Company | | | |
|---|---|---|---|
| **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: _____**

| Property Owner Information | | | |
|---|---|---|---|
| **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 | |

| Office of the Company Sharing Profit | | | |
|---|---|---|---|
| **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 previous year's 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**

| OFFICE USE ONLY | | | |
|---|---|---|---|
| **Fee Paid:** | | **Check Number:** | |
| **Consent from Property Owner:** | | **Date of Approval from Engineering:** | |
| **License Number:** | | **Date Issued:** | |