



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