



748 River Road
Fair Haven NJ 07704

(732) 747-0241
www.fairhavennj.net

APPLICATION FOR CLOTHING DONATION BIN LICENSE

Name of Charitable Organization: _____

Office Address: _____

Office Telephone #: _____

Registration Number: _____

Contact Person: _____

Location of Bin(s): _____

Is this a permit renewal? ☐ Yes ☐ No

Explain the manner in which the donations will be used, sold or dispersed.

Explain the method by which the proceeds of the donations will be allocated or spent.

The owner of the property where the bin is proposed must complete the attached Consent Form.

I/We agree to the following conditions:

1. The Clothing Donation Bin may not be placed in a hazardous location. Such locations include but are not limited to any place within 100 yards of any place which sells or stores large amounts of fuel or other flammables.
2. Clothing bins are not permitted in residential zones unless approved by the Borough Council at a public hearing. Please note that property owners within 200' must be notified by the applicant at least ten (10) days before the public hearing.
3. Clothing Bins must be located at least ten (10) feet from the property line.
4. Bins must be buffered on three (3) sides by fencing of adequate size and quality to limit the impact on the neighboring properties.

5. The following must be clearly displayed on the exterior of the Clothing Donation Bin:
- The permit number and its date of expiration.
 - The name and address of the registered charity that owns or sponsors the bin.
 - The registered charity's registration number.
 - The registered charity's telephone number and, if applicable, the telephone number of any other entity that shares or profits from the donations.
 - A notice indicating any other entities that benefit from donations collected by the bin.
 - A statement indicating how the donations will be used, sold or dispersed and the method by which the proceeds will be allocated or spent.

The permit application fee is \$25.

I/We agree to properly maintain any Clothing Donation Bin placed within the Borough so as to prevent the bin from creating a nuisance, hazardous or unsafe condition.

Signature: _____

Position/Title: _____

Please allow at least six weeks for approval.

Permit # _____ Permit Expiration Date _____

Authorized Signature

Date

PROPERTY OWNER'S CONSENT FORM

Address of Proposed Bin Location: _____
Property Owner's Name: _____
Owner's Telephone #: _____

Name of Charitable Organization: _____
Number of Bins: _____

I hereby give my consent to the placement of Clothing Donation Bins on my property at the above address. I understand that the above-named Charitable Organization shall maintain and service the bins as necessary.

Signature

Date