

Frankford Township

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Permit/Renewal Application Charitable Donation Clothing Bins

The undersigned hereby applies for a permit for a charitable donation clothing bin as follows:

of Bins: _____

Physical Address of the requested location of bins: Block: _____ Lot: _____

Street Address: _____

Location in the parking lot that bin(s) would be located: (Drawing may be accepted)

The manner in which the applicant anticipates any clothing or other donations collected via the bin would be used, sold, or disbursed and the method by which the proceeds of the collected donations would be allocated or spent: (attach additional sheet if necessary)

The name, address, and telephone number of the bona fide office maintained by the application and any other entity that may share or profit from any clothing or other donation collected via the bin, where a representative of the applicant or other entity can be reached at a telephone information line during normal business hours for the purpose of offering information concerning the applicant or other entity.

APPLICANT

Name: _____

Address: _____

Phone Number: _____

OTHER ENTITY (IF ANY)

Name: _____

Address: _____

Phone Number: _____

CONSENT OF PROPERTY OWNERS

The owner of the property at _____ where the charitable donation clothing bin(s) would be located hereby grants permission to locate the bin on the property.

Name of Owner: _____

Authorized Signature: _____

OFFICE USE ONLY:

FEE: \$25.00 X _____ = \$ _____

CHECK #: _____

ISSUED BY: _____

PERMIT ISSUED: _____

PERMIT VALID UNTIL: _____