

# COLTS NECK TOWNSHIP DONATION BIN PERMIT APPLICATION

COMPLETE APPLICATIONS MUST INCLUDE A COPY OF THE CURRENT CHARITABLE ORGANIZATION REGISTRATION STATEMENT FILED WITH THE N.J. ATTORNEY AND A PLAN SHOWING THE LOCATION WHERE THE BIN WILL BE LOCATED. THE INITIAL PERMIT FEE IS \$100. RENEWAL PERMIT FEE IS \$25. PLEASE INCLUDE A CHECK PAYABLE TO THE TOWNSHIP OF COLTS NECK.

☐ Initial Application

☐ Renewal Application

CONTACT INFORMATION FOR DONATION BIN OWNER			
Organization Name		Name of Contact	
Email Address		Phone Number	
Address		Total Number of Bins	
		Bin Dimensions	
N.J. Attorney General Charitable Organization Registration #			

PROPERTY OWNER INFORMATION			
Block Number		Address	
Lot Number		Property Owner's Name	
Consent of Property Owner (A separate document of consent may be attached to the application)		Print Name:	_____
		Signature:	_____
		Date:	_____

PROFIT SHARING DISCLOSURE	
Person(s) or entities sharing or profiting from donations in this bin	
Name: _____	Phone: _____
Address: _____	
Name: _____	Phone: _____
Address: _____	
Name: _____	Phone: _____
Address: _____	

Description of Placement on Site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In accordance with the Code of the Township of Colts Neck, Chapter 106, Donation Bins, please describe the manner in which the applicant anticipates any clothing or other donations collected via the bin will be used, sold or dispersed and the method by which the proceeds of collected donations would be allocated or spent. If proceeds are to be shared between two or more entities, the percentage of proceed or dollar amount received by each entity. (Attach additional sheets if required): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Applicant Name

Applicant Signature

Date

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## FOR OFFICIAL USE ONLY, TO BE COMPLETED BY TOWNSHIP OFFICIAL

|                           |                |                   |                  |
|---------------------------|----------------|-------------------|------------------|
| Fee Paid                  | Check No.      | Consent of Owner: | Date Issued:     |
| Permit Approved:          | Permit Denied: | Permit No.:       | Expiration Date: |
| Zoning Officer Signature: |                |                   |                  |



STATEMENT OF LANDOWNER CONSENT WHERE APPLICANT IS NOT LANDOWNER

I, \_\_\_\_\_, the owner of Block (s) \_\_\_\_\_,  
Lot (s) \_\_\_\_\_, commonly known as \_\_\_\_\_ in  
the Township of Colts Neck, Monmouth County, New Jersey hereby acknowledge that the application  
of \_\_\_\_\_ for a Donation Bin Permit on the above referenced  
property is made with my complete understanding and permission in accordance with an agreement  
entered into between me and the applicant stated herein:

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date