

Township of Upper  
PO Box 205  
Tuckahoe, NJ 08250  
609-628-2011 Ext. 200

Date received in Clerk's Office

## APPLICATION FOR CHARITABLE CLOTHING BIN WITHIN TOWNSHIP OF UPPER

Submit completed application and required fee to the Upper Township Municipal Clerk's Office for each individual bin for approval by the Municipal Engineer or Zoning Official.

Please note: Display of Permit & Contact Information required on all Containers.

COMPANY NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE/DAY \_\_\_\_\_ EMAIL \_\_\_\_\_

WRITTEN CONSENT FROM PROPERTY OWNER WHERE BIN IS TO PLACE:

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Printed Name of Property Owner

LOCATION AND USE OF CHARITABLE CONTAINER/CONTAINERS:

\_\_\_\_\_  
MANNER WHICH DONATIONS WILL BE DISTRIBUTED:

I, \_\_\_\_\_, CONFIRM I HAVE RECEIVED  
PRINTED INSTRUCTIONS AND REQUIREMENTS OF TOWNSHIP TO KEEP  
CONTAINER AT ABOVE LOCATION.

**For office use only**

Permit Number(s): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Number of bin(s) at this location: \_\_\_\_\_

Approval of Municipal Engineer or Zoning Official: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Twp. Official

**Permit Fee \$25.00 per bin paid annually. Make check payable to *Township of Upper*.**

**Permit(s) Expire December 31st Of The Licensing Year.**

**Permit(s) must be renewed by January 1<sup>st</sup> of each year.**

Amount paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_