

Charitable Clothing Bin Permit Application

CHARITABLE CLOTHING BINS

As you are probably aware the Borough of Haddonfield has provided a permitting process for those wishing to have CHARITABLE CLOTHING BINS located on their property. Those establishments wishing to have such CHARITABLE CLOTHING BINS must apply for such permission.

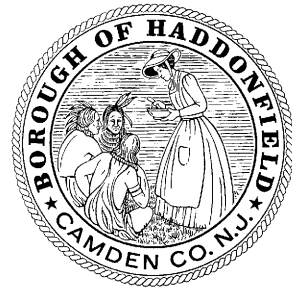
This Office is requiring that you submit the attached CHARITABLE CLOTHING BINS Permit Application. Whether or not you have operated a Clothing bin in the past all Clothing bins must comply with the ordinance's requirements. Applications for the 2011 calendar year are now due. All Clothing bins Permits will expire on December 31, 2010.

If you have any questions regarding this, or any other, matter, please do not hesitate to contact me at (856)429-4700 ext 228. Thank you kindly.

Sincerely,

A handwritten signature in cursive script that reads "Joseph Waters".

Joseph Waters
Zoning Inspector



**Borough of Haddonfield
CHARITABLE CLOTHING BIN
Application Checklist and Process**

CHECK ONE:

☐ RENEWAL OF PREVIOUSLY APPROVED CHARITABLE CLOTHING BIN

☐ NEW APPLICATION OR RENEWAL WITH PROPOSED CHANGES

☐ FEE: \$25.00

PROPERTY ADDRESS: _____

BLOCK _____ LOT _____

NAME OF BUSINESS: _____

APPLICANT'S NAME: _____

**PLEASE SIGN BELOW THAT YOU HAVE READ, UNDERSTAND, AND WILL
COMPLY WITH ALL OF THE CONDITIONS OF THE BOROUGH OF
HADDONFIELD CHARITABLE CLOTHING BIN PERMIT PROGRAM:**

APPLICANT INFORMATION

_____ <i>Print Name Of Applicant</i>	_____ <i>Signature</i>	
_____ <i>Mailing/Street Address</i>	_____ <i>Telephone</i>	_____ <i>Fax #</i>
_____ <i>City and State</i>	_____ <i>ZIP Code</i>	_____ <i>E-mail address</i>
_____ <i>Date:</i>		

PROPERTY OWNER INFORMATION

_____ <i>Print Name Of Property Owner</i>		
_____ <i>Mailing/Street Address</i>	_____ <i>Telephone</i>	_____ <i>Fax #</i>
_____ <i>City and State</i>	_____ <i>ZIP Code</i>	_____ <i>E-mail address</i>
_____ <i>Date:</i>		

CHARITABLE ORGANIZATION INFORMATION

<hr/>		<hr/>	
<i>Print Name</i>		<i>Signature</i>	
<hr/>		<hr/>	
<i>Mailing/Street Address</i>		<i>Telephone</i>	<i>Fax #</i>
<hr/>		<hr/>	
<i>City and State</i>	<i>ZIP Code</i>	<i>E-mail address</i>	
<hr/>		<hr/>	
<i>Date:</i>			

Note: An Application is required **PRIOR** to placing a **CHARITABLE CLOTHING BIN** in the Borough of Haddonfield.

- ☐ READ THE **CHARITABLE CLOTHING BIN** ORDINANCE AND PLACEMENT GUIDELINES.
- ☐ **CHARITABLE CLOTHING BIN PERMIT APPLICATION**
- ☐ **ANY SUCH CHARITABLE CLOTHING BIN SHALL MEET THE FOLLOWING REQUIREMENTS:**
- The Borough of Haddonfield shall not grant an application for a permit to place, use or employ a donation clothing bin if it determines that the placement of the bin could constitute a safety hazard. Such hazards shall include, but not to be limited to, the placement of a donation clothing bin within 100 yards of any place which stores large amounts of, or sell, fuel or other flammable liquids or gases; or the placement of a bin where it interferes with vehicular or pedestrian circulation. The person placing, using or employing a donation clothing bin shall maintain the bin and the area surrounding the bin such that there shall be no accumulation of clothing or other donations outside the bin.
 - Describe the manner in which the anticipated clothing or other donations collected via this collection bin are to be used or dispersed and the method by which the proceeds of the collected donations will be allocated or spent.

**PLEASE COMPLETE THE FOLLOWING APPLICATION AND SUBMIT IT TO
THE COMMUNITY DEVELOPMENT/CONSTRUCTION OFFICE.**

**BOROUGH OF HADDONFIELD
CHARITABLE CLOTHING BINS
PERMIT APPLICATION**

LOCATION OF CLOTHING BIN(S): (be as precise as possible, a drawing may also be submitted) _____

DESCRIBE THE MANNER IN WHICH THE CLOTHING OR OTHER DONATIONS COLLECTED VIA THE BIN(S) WILL BE USED, SOLD OR DISPERSED:

DESCRIBE THE METHOD BY WHICH THE PROCEEDS OF THE COLLECTED DONATIONS WOULD BE ALLOCATED OR SPENT: _____

CONTACT INFORMATION, DURING NORMAL BUSINESS HOURS, OF THE BONA FIDE OFFICE OF ANY PERSON OR ENTITY WHICH MAY SHARE OR PROFIT FROM ANY CLOTHING OR OTHER DONATIONS COLLECTED VIA THE BIN(S):

Name

Phone Number

Company Name

PLEASE ATTACH A LETTER OF CONSENT FROM THE PROPERTY OWNER TO PLACE THE BIN(S) ON HIS/HER PROPERTY.

FOR RENEWAL APPLICATIONS (in addition to the above information):

1. Please provide a statement on the manner in which the person has used, sold, or dispersed any clothing or other donation collected via the Bin(s), the method by which the proceeds of collected donations have been allocated or spent, and any changes anticipated to be made in these processes during the period covered by the renewal.

2. The name and telephone number of the bona fide office of any entity which shared or profited from any clothing or other donations collected via the bin(s), and of any entities which may do so during the period covered by the renewal.

3. If the location of the bin is to be moved, the new location where the bin is to be situated, as precisely as possible and written consent from the property of the new location.

IF ADDITIONAL SPACE IS NEEDED FOR ITEMS 1, 2 AND 3, PLEASE ATTACH TO BACK OF APPLICATION AND NUMBER THE RESPONSES ACCORDINGLY.