



Borough of Watchung

For Office Use Only
 License Number: CB-
 License Year:
 Payment Amount:

APPLICATION FOR CHARITABLE CLOTHING BIN LICENSE

FEE PER CLOTHING BIN: \$ 25.00

(Check Payable to Borough of Watchung)

EXPIRATION DATE: DECEMBER 31ST (of every year)

Name of Charitable Organization: _____

Name of Applicant: _____

Address of Applicant: _____

Applicant Phone Number: _____

Applicant Email: _____

Manner in Which Donations Will Be Used: _____

Method by Which Proceeds Will Be Allocated or Spent: _____

Name and Phone Number of Persons, Entity or Business, Which Will Benefit from Donation:

Name And Address And Phone # Of Business Or Establishment Where Bin/Bins Will Be Placed:

Location of Bins: _____

Kind of Business or Establishment Where Clothing Bin Will Be Placed: _____

Number of Bins: _____ Written Consent from Property Owner Attached: _____

The Applicant Hereby Agrees To Abide By The Terms Set Forth In The Code Of The Borough Of Watchung, N.J., Chapter XI, Thereof Entitled "General Licensing"

Applicant Signature

Date

Carolyn Taylor, Zoning Approval

Date

Referred To:

Planning Board _____ Board of Adjustment _____

_____ Board Approved/Referral - Resolution # _____

_____ Board Denied - Resolution # _____