



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 # _____