



Township of Jackson
Office of Planning and Zoning
95 W. Veterans Highway
Jackson, NJ 08527

Charitable Clothing Bin Annual Permit

Permit Number: _____

Clothing Bin Location:

Block: _____ Lot: _____ Address: _____

Property Owner Information:

Name: _____ Phone Number: _____

Mailing Address: _____

Signature of Property Owner: _____

Charity Recipient Information:

Name: _____ Phone Number: _____

Mailing Address: _____

Local Representative for Bin Placement/Maintenance: _____

Signature of Representative: _____

*Use of Proceeds: _____

**Per 148-5.B. The manner in which the person anticipates any clothing or other donations collected via the bin would be used, sold, or dispersed, and the method by which the proceeds of collected donations would be allocated or spent;*

If application is a **renewal**, see requirement checklist per Chapter 148-6:

148-6 Permit renewal application requirements.

_____ **A. Statement detailing use of Proceeds:** A statement on the manner in which the person has used, sold, or dispersed any clothing or other donation collected via the bin, the method by which the proceeds of collected donations have been allocated or spent, and any changes the person anticipates it may make in these processes during the period covered by the renewal;

_____ **B. Name and Contact number for Charity Recipient:** 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, and of any entities which may do so during the period covered by the renewal; and (

_____ **C. New location of Bin:** 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 owner of the new location.

To be completed by Office when received:

☐ \$25 Application Fee (Check/Credit Card)

Date Received: _____ Received By: _____

☐ Survey showing location

Receipt Number: _____