



**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;*

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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.

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**To be completed by Office when received:**

\$25 Application Fee (**Check/Credit Card**) Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Survey showing location Receipt Number: \_\_\_\_\_