



**TOWN OF NEWTON**  
**Application for Charitable**  
**Clothing Bins**

**Initial Application** \_\_\_\_\_  
**Renewal Application** \_\_\_\_\_

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Applicant is (check one)

\_\_\_\_\_ Individual      \_\_\_\_\_ Partnership      \_\_\_\_\_ Corporation

\_\_\_\_\_ Other Entity (Explain in Full) \_\_\_\_\_

**FOR INDIVIDUAL APPLICATIONS:**

Full Name and Residential Address: \_\_\_\_\_

**FOR PARTNERSHIP APPLICATIONS:**

Full Name and Residential Address of Each Partner:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**FOR CORPORATION OR OTHER ENTITIES APPLICANTS**

Full Name and Residential Address of:

Name and Address of Registered Agent \_\_\_\_\_

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Address of Principal Office \_\_\_\_\_

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Has the applicant or any of the persons whose names are listed above ever been arrested or convicted of a crime? \_\_\_\_\_NO \_\_\_\_\_YES (Check One) If Yes, complete on separate sheet.

**APPLICATION REQUIREMENTS AS OUTLINED IN SECTION 6-16.4:**

1. The location where the bin: (Please include a copy of survey ) \_\_\_\_\_

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2. The manner in which 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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3. The name and telephone 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. (An answering machine or service unrelated to the person does not constitute a bona fide office.)

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4. Written consent from the **property owner** to place the bin on his property.

**FOR RENEWAL APPLICATIONS PLEASE INCLUDE:**

1. 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 anticipate it may make in this process during the period covered by the renewal.

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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, and of any entities which may do so during the period covered by the renewal.

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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 owner of the new location.

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**REPRESENTATION:**

I hereby represent, declare and affirm that the statements in this application are true, that I am familiar with the regulations controlling subject license within the Town of Newton and that I agree to abide by said regulations.

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Name, Title (Print) Phone Number (include area code)

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Organization

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Address City State Zip Code

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Applicants Signature Date

**Fees: Check Payable to: "Town of Newton"**  
Initial Application \$50.00 / Bin Zoning Application Fee: \$25.00 (one-time fee)  
Renewal Application \$30.00 / Bin

**APPLICATION CHECKLIST**  
**(All items must be included when submitting application)**

- Completed application
- Applicable Fee in Cash, Check, or Money Order (Payable to "Town of Newton")
- Written consent from the property owner to place bin on property for calendar year.

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(For Official Use Only)

I have reviewed the above Application. Zoning \_\_\_\_\_

License No. \_\_\_\_\_ Issued on \_\_\_\_\_ Municipal Clerk