



TOWN OF ISLIP
OFFICE OF THE TOWN CLERK

Application for Clothing-Drop Off Bin Permit

Name of Applicant: _____

Address: _____

Mailing Address: _____

Telephone #: _____ Cell Phone #: _____

***APPLICATION FORM MUST BE ACCOMPANIED BY SURVEY OR SITE PLAN SHOWING THE LOCATION OF ANY CLOTHING DROP OFF BINS.**

Owner of Bin: _____

Owner's Address: _____ Tel#: _____

Contact Person: _____ Tel#: _____

Bin Location: _____

Tax Map No.: _____

Owner of site: _____ Tel#: _____

****APPROVAL MAY BE SUBJECT TO FURTHER REVIEW PENDING FUTURE SITE PLAN SUBMISSION.**

Name of Charity: _____

Contact Person: _____ Tel #: _____

Type of Donation: Clothes: _____ Rag Weight: _____ Percent going to Charity: _____

Disposal point of material collected as rags: _____

Disposal Destination: _____

Total Tonnage from previous year: _____

Bin to be emptied: (check one) Monthly Weekly Other

If *Other* Explain: _____

**** FOR OFFICE USE ONLY****

Permit#: _____	Replaced: _____	Issued: _____
Expire: _____	New: _____	Renewal: _____
Owner Consent: _____	CK#: _____	Receipt #: _____

Check Fee Schedule on website for amount of permit fee. Permit must be renewed annually.

****Applicant's Signature:** _____ **Date:** _____

The applicant affirms that they are in compliance with all Federal, State, County and Local Laws at the time of this application.