



TOWN OF ISLIP
 401 Main St., Room 302, Islip, NY 11751

Department of Environmental Control

2017 DONATION DROP OFF BIN REGISTRATION

Permit period January 1, 2017 through December 31, 2017

APPLICANT INFORMATION

APPLICANT NAME: _____ TITLE: _____

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

OFFICE PHONE: (_____) _____ (City) _____ (State) _____ (Zip)
 CELL PHONE: (_____) _____

FAX: (_____) _____ EMAIL ADDRESS: _____

CURRENT 501(c)(3) STATUS (Y/N): _____ IRS EMPLOYEE IDENTIFICATION #: _____

BIN INFORMATION

NAME OF ORGANIZATION MARKED ON BIN: _____
 (A PHOTOGRAPH OF THE BIN DESIGN, COLORING & LABELING MUST BE ATTACHED)

OWNER OF BIN (IF DIFFERENT FROM ABOVE): _____

MAILING ADDRESS: _____

OFFICE PHONE: (_____) _____ (City) _____ (State) _____ (Zip)
 CELL PHONE: (_____) _____

CONTACT PERSON: _____ TITLE: _____

DISPOSAL INFORMATION

NAME OF CHARITY (IF APPLICABLE): _____

CONTACT PERSON: _____ PHONE: (_____) _____ % TO CHARITY: _____

DONATION TYPE: CLOTHING RAGS BOOKS OTHER _____ TONAGE FROM PREVIOUS YEAR: _____

DISPOSAL LOCATION: _____

BIN TO BE EMPTIED & MAINTAINED: WEEKLY MONTHLY OTHER _____

COMPLETE ATTACHED PAGES

 Applicant Signature

 Date

TOWN USE ONLY: REGISTRATION FEE: \$100 for 501c3's or \$100 per bin for For-Profit Companies
 CASH: _____ CHECK #: _____ RECEIPT #: _____
 OWNER CONSENT: _____ SITE PLAN: _____ PHOTO: _____ PERMIT #'s: _____



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TOWN OF ISLIP DONATION BIN RULES & REGULATIONS

This is to certify that all services provided in the Town of Islip will be in accordance with the Ordinances of Chapter §21-18, which includes but is not limited to:

(INITIAL NEXT TO EACH STATEMENT)

_____ A PERMIT SHALL BE AFFIXED TO THE BIN PRIOR TO PLACEMENT ON THE LOCATION. THE PERMIT SHALL BE PLACED ON THE TOP RIGHT CORNER OF THE SAME SIDE AS THE CHUTE USED FOR THE DEPOSITS.

_____ BIN MUST BE CLEARLY MARKED WITH THE TELEPHONE NUMBER OF THE APPLICANT AS INDICATED ON THE PERMIT APPLICATION.

_____ THE BIN WILL BE PLACED AS INDICATED ON THE APPROVED SITE PLAN AS SUPPLIED BY THE TOWN OF ISLIP.

_____ UPON THE SALE OR TRANSFER OF A BIN, THE NEW OWNER SHALL OBTAIN A NEW PERMIT FROM THE TOWN OF ISLIP AND SHALL ABIDE BY THE PROVISIONS IN THE APPROVED SITE PLAN.

_____ APPLICANT IS RESPONSIBLE FOR THE MAINTENANCE OF THE GROUNDS SURROUNDING THE BIN.

_____ A PERMIT ISSUED UNDER THIS CHAPTER SHALL BE VALID FOR ONE CALENDAR YEAR. THE PERMIT CAN BE RENEWED FOR SUCCESSIVE ONE-YEAR PERIODS UPON APPLICATION SUBMITTAL AND APPROVAL AND UPON PAYMENT OF ANY APPLICABLE FEES. COMPLETED APPLICATIONS MUST BE SUBMITTED TO THE DEPARTMENT OF ENVIRONMENTAL CONTROL PRIOR TO THE SUCCESSIVE YEAR.

The applicant attests that all information submitted with this application is true, and further agrees to comply with all provisions of Chapter 21 of the Code of the Town of Islip which regulates the collection and disposal of solid waste, and the applicant understands that failure to comply with the rules and regulations of the Town of Islip or any false statements made on any part of this application shall be grounds for denial and/or revocation of this registration.

SIGNED: _____

NOTARY: SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

BY _____

NOTARY PUBLIC



This sheet does not cover all rules and regulations of the Town of Islip Donation Bin Code. Please refer to Chapter 21-18 for further information as to the policies and procedures you must adhere to.