



**TOWN OF ISLIP DEPARTMENT OF ENVIRONMENTAL CONTROL**

401 MAIN STREET • ISLIP, NEW YORK 11751 • (631) 595-3630

**2019 DONATION DROP OFF BIN REGISTRATION**  
Permit period January 1, 2019 through December 31, 2019

**APPLICANT INFORMATION**

APPLICANT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

(City) (State) (Zip)

OFFICE PHONE: (\_\_\_\_\_) \_\_\_\_\_ 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: \_\_\_\_\_

(City) (State) (Zip)

OFFICE PHONE: (\_\_\_\_\_) \_\_\_\_\_ 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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## BIN LOCATIONS

ADDRESS (STREET ADDRESS, HAMLET, ZIP)	DESCRIPTION OF LOCATION (NAME OF BUSINESS, SHOPPING CENTER, LANDMARK ETC.)	NUMBER OF BINS AT LOCATION	DECAL # (TOWN USE ONLY)

**APPLICATION APPROVAL IS SUBJECT TO A REVIEW OF THE PROPERTY SITE PLAN.**

## PROPERTY OWNER INFORMATION

A LETTER MUST BE SUPPLIED BY THE PROPERTY OWNER FOR EACH BIN LOCATION LISTED ON PAGE 2. SAID LETTER IS REQUIRED TO BE ON PROPERTY OWNER LETTERHEAD AND MUST INCLUDE:

- STATEMENT AUTHORIZING BIN PLACEMENT THROUGH DECEMBER 31<sup>ST</sup>.
- PROPERTY OWNER MAILING ADDRESS, CONTACT PERSON & TELEPHONE NUMBER.
- PROPERTY OWNER SIGNATURE

**COMPLETE ATTACHED PAGE**



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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.*