



Louisville Forward – Develop Louisville

# Office of Construction Review

Web: [www.Louisvilleky.Gov/government/Construction-Review](http://www.Louisvilleky.Gov/government/Construction-Review) Phone: 574-3321

## Donation Bin Company License Application

Applicant:	
Address:	Zip:
Contact Person Name:	Phone:

Check One:  Charitable  Civic Organization  Professional Solicitor  For-Profit  Information Update

**A copy of Registration Certificate is Required for all Non-Profit and Charitable Organizations**

Preferred Contact Method:  Email  Mail      Email: \_\_\_\_\_

### Application Checklist:

- Maintenance Agreement for this location
- Photograph of Bin types with Dimensions
- Photograph of sign that will be used to specify donation type, (Charitable, Civic or Solicitor).
- Photograph of sign that will display contact information for overflow, damage or malfunction.

### Fees:

A. Donation Bin Annual License Fee	\$200
B. Number of Location License Applications included	\$50 (each)
C. Total Location License Application Fees	\$ _____
<b>Total Fees Due</b>	<b>\$ _____</b>

**Make Checks Payable to: Develop Louisville**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

As applicant and representative of above named company with intentions to place Donation Bins within Louisville Metro I agree to comply with all terms and conditions as set forth in Louisville- Jefferson County, KY Metro Government Code of Ordinances Chapter 156.

### Office Use Only:

Assigned License Number: _____	Date: _____
Processed By: _____	Uploaded to eBWeb? Y / N



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## Donation Bin Location License Application

Applicant:	License #:	
Bin Location:	Zip:	Council District:
Property Owner:	Phone:	
Address:		
City:	State:	Zip:

**Is a bin already in place at this location for this applicant?      Yes / No**

### Application Checklist:

<input type="checkbox"/>	Maintenance Agreement for this location. <i>This MUST be signed by the Property Owner.</i>
<input type="checkbox"/>	Site plan with designated bin location and all applicable labels
<input type="checkbox"/>	Insurance Certificate. <i>Not less than \$500,000. The Property Owner must be listed as additional insured for each location.</i>
<input type="checkbox"/>	Parking Summary. <i>This is only required if the bin is to be placed in a parking space.</i>

### Bin Requirements:

<input type="checkbox"/>	Bin is no further than 75 feet from the main building on the property
<input type="checkbox"/>	Bin is over 1,000 feet from any other Donation Bins owned by licensee
<input type="checkbox"/>	There are no more than 7 Donation bins owned by this applicant in this Council District.
<input type="checkbox"/>	Bin is/ will not be located on a sidewalk
<input type="checkbox"/>	Bin does/will not interfere with Vehicular traffic

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

As applicant and representative of above named company with intentions to place Donation Bins within Louisville Metro I agree to comply with all terms and conditions as set forth in Louisville- Jefferson County, KY Metro Government Code of Ordinances Chapter 156.

### Office Use Only:

Assigned License Number: _____	Processed Date: _____
Processed By: _____	
Reviews Completed Dates: _____	Zoning: _____ Traffic: _____