

Schedule 'A'
BY-LAW NO. 37-11

Application Form for Licence Donation Drop Box



**Donation Drop Box
Licence Application Form**

LICENCING REQUIREMENTS:

- ☐ Completed application form and payment of applicable fee
- ☐ Letter of Consent from Property Owner(s)
- ☐ List and sketch of each proposed Donation Box location
- ☐ Certificate of Insurance \$2,000,000.00

Name of Charitable Organization: _____

DIN/Registration Number: _____

Address: _____

Email Address: _____

Phone number: _____

Applicant's Full Name: _____

Position In Charity: _____

INDEMNITY AGREEMENT

I, _____, having authority to bind the above noted
Charitable Organization, agree to:

- a) Indemnify and save harmless the Township of Zorra from any actions, claims, damages, or loss whatsoever arising from the issuance of the permit/licence or anything done or neglected to be done in connection with the permitted use; and
- b) Comply with the terms and conditions set out in the Township of Zorra By-law 37-11, and all other Township policies as amended from time to time respecting Charitable Clothing Drop Box permits/licences.

Signature of Applicant: _____ Date: _____

Please complete back of application form.

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****READ CAREFULLY BEFORE SIGNING THIS APPLICATION****

This application may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act. The information collected is required pursuant to the terms of the Municipal Act and will be used by the Township of Zorra to process the application and to determine whether to issue a licence. Information will also be used for administration of such licence, and for law enforcement purposes to ensure compliance with all applicable statutes, regulations and by-laws.

Questions relating to the collection of this information should be directed to the Clerk, 163 Brock Street, PO Box 189, Thamesford, Ontario, N0M 2M0. Phone 519-485-2490.

By signing this application the Applicant agrees that all information provided is true. The Applicant further agrees that any false information may result in a revocation of any licence that may be issued.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

of bins _____ x \$ _____ per bin = \$ _____ total amount owing

Application Submitted for review on (date): _____

Application Complete: ☐ Yes ☐ No

If no, information required yet to be filed: _____

Approved: ☐ Yes ☐ No ☐ Deferred

Reason: _____

Date Approved: _____

Licence No. _____

Licence Valid from _____ to _____.

Comments: _____

