

# CHARITABLE CLOTHING BINS APPLICATION

## INSTRUCTIONS

Complete this checklist and application in full and submit to the municipal clerk.

*- Incomplete applications will not be processed – Attach all documents at time of submission -  
Approval of the application shall be confirmed  
only upon passage of a resolution by the Township Committee*

*Permits are renewable on an annual basis during the month of January*

## CHECKLIST

- Completed **Checklist**
- Completed, signed, **Charitable Clothing Bins Application**
- Application Fee:** \$25 Annual Fee per Bin
- Site Plan** of location of each bin
- Picture, including dimensions** of each bin
- If this is a renewal application, attach **Report on the allocation of donations in the previous year.**
- If bin(s) are placed on public property, **Certificate of Insurance Naming Bernards Township the Added Insured**
- If bin(s) are placed on public property, a **Hold Harmless Agreement** in favor of Bernards Township
- Tax Exempt Certificate**, if applicable



**LOCATION OF BIN(S)**

Attach additional sheets if necessary

Check here if additional sheets are attached

Number of Bins at this Location:		Street Address:		
Block/Lot: ,		Check one: *Private Property <input type="checkbox"/> Public Property <input type="checkbox"/>		
If Private Property, Complete the following Section:		Name of Owner:		
Owner's Telephone Number	(h)	(w)	Owner's Email:	
*Approval of Placement by Owner:	Date:	Signature:		

Number of Bins at this Location:		Street Address:		
Block/Lot:		Check one: *Private Property <input type="checkbox"/> Public Property <input type="checkbox"/>		
If Private Property, Complete the following Section:		Name of Owner:		
Owner's Telephone Number	(h)	(w)	Owner's Email:	
*Approval of Placement by Owner:	Date:	Signature:		

Number of Bins at this Location:		Street Address:		
Block/Lot: ,		Check one: Private Property <input type="checkbox"/> Public Property <input type="checkbox"/>		
If Private Property, Complete the following Section:		Name of Owner:		
Owner's Telephone Number	(h)	(w)	Owner's Email:	
*Approval of Placement by Owner:	Date:	Signature:		

**LIST ITEMS ACCEPTED AT BIN(S)**

Describe Items Accepted Via the Bin:	

**METHOD AND FREQUENCY OF COLLECTION**

How will items be collected from Bin(s):
How often will items be collected from Bin(s):

*Do not write below this line - for internal use only*

<i>For Internal Use Only - Do Not Write Below This Line:</i>	DATE	SIGNATURE
Approval by Municipal Clerk:		
Approval by Zoning Officer:		
Approval by Administrator:		
Township Committee Approval:		
Permit Number Issued:		

**BERNARDS TOWNSHIP**  
**CLOTHING BINS**  
**HOLD-HARMLESS LICENSE AGREEMENT**

*Instructions: Complete this form in its entirety, return to Municipal Clerk,  
 1 Collyer Lane, Basking Ridge, NJ 07920 (Phone: 908-204-3014)*

"I/We, "Me/My", "Licensee", shall mean one of the following: (check and complete one)

<input type="checkbox"/> <b>An Individual, Name:</b>	
<input type="checkbox"/> <b>An Organization, Name:</b>	
<input type="checkbox"/> <b>A Corporation, Name:</b>	

"You/Yours/Your" shall mean the municipal corporation known as the Township of Bernards, its agents, servants, employees, or licensees.

**GENERAL INFORMATION**

Period of License:	
Location of Clothing Bins:	
Describe Your activities on Township of Bernards property (in detail)	

**TERMS:** Licensee shall save, hold, keep harmless and indemnify the Township of Bernards from and for any and all payments, expenses, costs and attorney fees, and from and for any and all claims and liability for losses or damage to property, or injuries to persons, occasioned wholly or in part, by or resulting from, any acts or omissions by the Licensee or the Licensee's agents, employees, sub-licensees, assignees or successors, or for any cause or reason arising out of or by reason of the presence of the clothing bins and/or by reason of any activities of the Licensee, its agents, employees, sub-licensees, assignees and/or successors related to the clothing bins .

**I agree that in support of this Hold Harmless on Your behalf, I shall provide to You a Certificate of Insurance as proof of insurance coverage as outlined below.** The policies of insurance are to be from a company licensed to sell such insurance in the State of New Jersey and the company is to have an A.M. Best's rating of A - or better. The licensee shall provide the Township with certificates of insurance evidencing the coverage required and reflecting a policy term that encompasses the entire term of the license. Such certificates shall provide that the Township be given at least thirty (30) days prior written notice of any cancellation of, intention not to renew, or material change in such coverage, except ten (10) days notice is permitted for cancellation from non-payment of premium. These certificates must be provided before placing clothing bins on township property in connection with this License Agreement. In the event said certificate is not provided as set forth, the license will not be issued. Failure to provide and continue in force such insurance as required above, shall operate as an immediate termination of license and/or termination of access to the site.

The Licensee must obtain---and provide evidence of----insurance policies for Business Automobile Liability, Commercial General Liability, and Workers Compensation Insurance with limits of not less than those set forth below:

Business Automobile Liability Insurance

Limit of liability shall not be less than \$ 1,000,000 combined single limits (Bodily Injury and Property Damage) per occurrence for owned (if any), non-owned and hired autos.

Commercial General Liability

Limit of liability shall not be less than \$1,000,000 combined single limit (Bodily Injury and Property Damage) per occurrence , \$1,000,000 general aggregate limit, \$1,000,000 products/completed operations aggregate, and \$1,000,000 in Personal Injury & Advertising Injury Liability. Coverage is to be for premises and operations, products and completed operations.

On the Commercial General Liability Policy, the Township of Bemards shall be named as additional insured, and the insurance certificate shall indicate such coverage.

Workers Compensation Insurance

Statutory Coverage for the State of New Jersey and Employers liability coverage for limits of at least \$100,000.00 each accident, \$100,000 each employee for disease, and \$500,000 policy limit for disease.

(Applicable to Corporations Only) I also agree that I am obligated to reimburse You for all reasonable attorney’s fees and costs incurred by You to enforce the terms of this Hold-Harmless or to defend Yourself against any claim, suit, demand for subrogation, or other action which a court of competent jurisdiction later determines by final order or judgment should have been defended by Me at My sole cost and expense pursuant to this Hold-Harmless.

LEGAL SIGNATURES FOR THE LICENSEE: *(complete a, b, or c)*

a. Individual \_\_\_\_\_

b. Individual on behalf of (Organization) \_\_\_\_\_

c. Individual on behalf of (Corporation) \_\_\_\_\_ Title

Title

Address of Individual, Organization or Corporation Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Legal Signature of Person on  
Behalf of the Municipality \_\_\_\_\_

Title: \_\_\_\_\_

FOR USE WITH CORPORATIONS ONLY  
PROVIDE THIS ONLY IF LICENSEE IS A COPORATION

**CORPORATE ACNOWLEDGEMENT**

STATE OF NEW JERSEY, COUNTY OF \_\_\_\_\_ SS:

I CERTIFY that on \_\_\_\_\_ personally came before me and this person acknowledged under oath, to my satisfaction that:

- a. This person is the \_\_\_\_\_ of \_\_\_\_\_ the corporation named in the attached document;
- b. This person is the attesting witness to the signing of this document by the proper corporate office who is of the corporation; \_\_\_\_\_
- c. This document was signed and delivered by the corporation as its voluntary act duly authorized by a proper resolution of its Board of Directors;
- d. This person knows the proper seal of the corporation which was affixed to this document; and
- e. This person signed this proof to attest to the truth of these facts.

Signature:

Date: