****

**WHITTLESEA CITY COUNCIL**

**APPLICATION FOR CLOTHING RECYCLE BIN PERMIT**

**COMMUNITY LOCAL LAW 2024**

**(Please allow 10 working days for processing)**

**Please note: 1 application fee per bin**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Address/Mailing Address)

Name of Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

submit application to place a Clothing Recycle Bin in accordance with the City of Whittlesea Clothing Recycling Bin Permit Conditions.

At the following location:

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Address)

Name of site / business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Copy of Current Public Liability Insurance attached\***

(\*mandatory – permit will not be issued without insurance)

 **Copy of Current Private Agreement or Letter of Permission attached\***

(\*mandatory – permit will not be issued without proof of agreement)

 **Copy of site plan and bin location\***

(\*mandatory – permit will not be issued without site plan)

 **Payment of $220.10 attached\***

**(\* payable for each bin)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Signature of Applicant) (Date)

Applicant 24 Hour contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Office Use Only:***

Officer Initials: \_\_\_\_\_\_\_\_ Date of Inspection: \_\_\_\_\_\_\_\_\_\_\_\_ Approved  Yes  No

|  |  |  |
| --- | --- | --- |
| Fee payable | **$220.10** | |
| Account No. | **3195 1932 845** | **Rec. Type: 410** |
| Receipt No. |  | **Date** |