



Donna Lent, Town Clerk

Patricia Ryan, Chief Deputy Town Clerk

One Independence Hill, Farmingville, NY 11738

(631) 451-9101 FAX: 451-9264

ONLY CHARITABLE ORGANIZATIONS RECOGNIZED PURSUANT TO IRS CODE §501(C)(3) ARE PERMITTED TO APPLY FOR AND OBTAIN A DROP-OFF BIN PERMIT.

Brookhaven Town Code §43-4 requires applicants to supply a copy of the organization’s 501(C)(3) exemption and a copy of the property's site plan indicating the drop-off bin location. If no site plan is available, a survey will be accepted.

APPLICANT INFORMATION:

Name of Organization:	
Address:	
Contact Person:	Phone #:
IRS Employer Identification #:	Alt Phone #:
COPY OF THE ORGANIZATION’S 501(C)(3) EXEMPTION MUST BE ATTACHED	

PLACEMENT OF PROPOSED BIN LOCATION:

Tax Map Number: Map: 0200 Section: Block : Lot :
Bin Drop Off Address:
Description of Bin Location:
SITE PLAN OR SURVEY WITH PLACEMENT OF BIN MUST BE ATTACHED

ORGANIZATION PLACING THE BIN:

Name:	Phone #:
Address:	Hamlet:
Contact Person:	Alt Phone #:

BIN CONTENT INFORMATION:

Emptying Schedule:		
Final Destination of Bin Contents:		

\$50 NON-REFUNDABLE FEE: (Make Check or Money Order payable to Donna Lent, Brookhaven Town Clerk)

Check#:	Money Order:	Cash:
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I attest to this document with full understanding that I am swearing under oath to this fact and that swearing falsely or giving a misleading or untrue statement subjects me to prosecution under New York State Penal Law Section 210.5.

STATE OF NEW YORK
COUNTY OF SUFFOLK

(Applicant’s Signature)

Sworn to before me this ____ day of _____, in the year of 20 ____, before me, the undersigned, a Notary Public in and for State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she execute the same in his/her capacity and that be his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

(Notary Public)

For Office Use Only	Permit #:	Date Issued:	Receipt #:
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Form must be completed in full to be processed.

DATE: _____

OWNER INFORMATION: THIS SECTION MUST BE COMPLETED FOR ALL APPLICATIONS. (Separate sheets may be used for multiple owners.) Be advised that I am the owner of record of the property referenced herein and hereby consent to this application. This acknowledges that this is not an application for final approval pursuant to Section 276 of the Town Law and waives all time limitation except as provided in the Subdivision Regulations in the Town of Brookhaven. By this application, the owner does hereby authorize employees or agents of the Town of Brookhaven, in conjunction with this application, to enter and inspect the project site as necessary.

Owner's Name: _____

Address: _____

Hamlet: _____ State: _____ Zip: _____

Telephone #: _____

*If owner is a corporation, give the name and title of responsible officer:

Name: _____ Title: _____

Telephone #: _____ Fax: _____ Email Address: _____

In Witness Whereof I have hereto set my hand this _____ day of _____ 20_____

I attest to this document with full understanding that I am swearing under oath to this fact and that swearing falsely or giving a misleading or untrue statement subjects me to prosecution under New York State Penal Law Section 210.5.

(Owner Signature)

STATE OF NEW YORK ss:
COUNTY OF SUFFOLK

Sworn to before me this _____ day of _____, in the year of 20_____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/their capacity(ies), and that by his/she/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Notary Public)