



# CITY OF DENISON UNATTENDED DONATION BOX PERMIT APPLICATION

New Application       Renewal

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

## UNATTENDED DONATION BIN OWNER / OPERATOR

COMPANY/ ORGANIZATION	
CONTACT NAME # 1	
PHONE NUMBER / EMAIL	
CONTACT NAME # 2	
PHONE NUMBER / EMAIL	
COMPANY MAILING ADDRESS	
COMPANY WEBSITE	

## LOCATION OF THE UNATTENDED DONATION BIN

ADDRESS OF UDB LOCATION	
PROPERTY OWNER NAME	
OWNER PHONE NUMBER / EMAIL	
CONTACT NAME # 2	
PHONE NUMBER / EMAIL	

**\*\*\* Signature represents acknowledgment of responsibilities and liabilities for any violations of ordinances regulating UDB's as adopted in Chapter 11– Article VI of the Code of Ordinances\*\*\***

\_\_\_\_\_   
Signature of Applicant

**All required documents and non-refundable payment is required before an application is complete and processed. All applications will be processed within 10 business days of the application received date.**

## CITY OF DENISON OFFICE USE ONLY

APPLICATION RECEIVED DATE:			
NON-REFUNDABLE APPLICATION FEE PAID (\$50)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
APPLICATION REVIEWED BY:			
PERMIT APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	REASON FOR DENIAL:	
PERMIT NUMBER :			