



# City of Toledo

Department of Neighborhoods  
One Government Center, Suite 1800 | Toledo, OH 43604  
(419) 245-1400 Fax (419) 245-1192  
toledo.oh.gov/neighborhoods

## Charitable Donation Container Registration

TMC §962  
Rev. 09/22/15

Toledo Municipal Code §962 Charitable Donation Container Registration was enacted by City Council Ordinance #\_\_\_\_. The purpose of the legislation is to ensure responsible ownership & maintenance of all charitable donation containers located within the City's neighborhoods and commercial districts.

A \$100.00 registration fee is required for **each** charitable donation container, and is due by January 1<sup>st</sup> of each calendar year. Registration is completed through the Department of Neighborhoods (see address above). **Make checks payable to City of Toledo. Credit card payments are also accepted.**

Owners of charitable donation containers in non-compliance with TMC §962 will be held jointly and severally liable and responsible for the maintenance, upkeep, and servicing of the container and clean-up, and removal of any donations improperly left on the property outside of the container. Violators will be charged with a misdemeanor of the fourth degree. The owner of the bin will be charged an impound fee of \$250, and a daily storage fee of \$20 for each day the bin is in the City's possession. All fees and fines shall be paid to the City for such impoundment or will prevent subsequent registrations.

For questions regarding this registration, please contact the Department of Neighborhoods at 419-245-1400.

**Please PRINT or type**

### Charitable Donation Container Property Information

Name Under Which Business is to be Conducted

Charitable Donation Container Property Street Address

Business Telephone Number Business Fax Number

Federal Tax Identification Number (if different from Applicant) Date Business Started Operating in City of Toledo

### Information of Applicant / Responsible Party

Please identify your relationship to the property where the Charitable Donation Container will be placed:

- Titled Property Owner
- Mortgage Holder Agent
- Trustee of Owner
- Administrator of Estate
- Rental Agent
- Real Estate Listing Agent

Applicant / Responsible Party (natural person) full name (printed)

Applicant / Responsible Party (corporate entity) name (printed)

Applicant / Responsible Party Street Mailing Address (PO Box is NOT acceptable)

Applicant / Responsible Party City, State, Zip

Applicant/Agent's full name (printed)

Applicant/Agent's Daytime Phone Applicant/Agent's Fax Number

Non-Profit Identification Number

I agree that the information on this document is correct and true.

Applicant/Agent's Signature Date

### Corporate Information

Corporate Address

Date of Incorporation and List All States Incorporated In:

State State

State State

Home Phone Number Personal Cell Phone Number

### Credit Card Authorization Information

Credit card number  MC  Visa

Name as it appears on credit card Expiration date

Printed name of person authorizing this charge 3-digit V-code

Signature of person authorizing this charge Authorized Amt.

### Office information only

Today's Date Registration Number

Information complete?  Yes  No

Documents provided

Payment Type  Cash  Check No.

Credit Card (Authorization)

Open Fees Owed to City \$ Approved by:

Zoning (on listed parcel)

Reviewer's Name Date

Authorizing Signature Date

Sketch Location of Container on property (distance adjacent to property lines, existing structure, parking stalls, and streets)

