



# City of Toledo

Department of Neighborhood & Business Development  
One Government Center, Suite 1800 | Toledo, OH 43604  
(419) 245-1400 Fax (419) 245-1192  
Toledo.oh.gov

# Charitable Donation Container Registration

TMC §962  
Rev. 09/22/15

Toledo Municipal Code §962 Charitable Donation Container Registration was enacted by City Council Ordinance #475-15. 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 no later than January 31<sup>st</sup> of each calendar year. Registration is completed through the Division of Code Enforcement (see address above). **Make checks payable to City of Toledo.**

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 Division of Code Enforcement 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 (location of bin)

\_\_\_\_\_  
Property Owner Information (property owner name)

\_\_\_\_\_  
Property Owner Signature or Authorizing Representative/Agent

\_\_\_\_\_  
Business Telephone Number (bin location business contact)

\_\_\_\_\_  
Business Fax Number (same)

## 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

## Non-Profit Identification Number

\_\_\_\_\_  
Federal Tax Identification Number (if different from Applicant)

\_\_\_\_\_  
Date Business Started Operating in City of Toledo

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

## Office information only

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Registration Number

Information complete?  Yes  No

Documents provided \_\_\_\_\_

Payment Type  Cash  Check No. \_\_\_\_\_

Open Fees Owed to City \$ \_\_\_\_\_ Approved by: \_\_\_\_\_

\_\_\_\_\_  
Zoning (on listed parcel)

\_\_\_\_\_  
Reviewer's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date