



### **Donation Container Application Checklist**

- 1) Proof they are registered to operate in the State of Texas as a non-profit corporation.
- 2) DSD Application for Donation Container must be filled out completely and notarized.
  - a. A separate permit and application shall be required for each container regardless of the ownership thereof. Permits issued under the provisions of this article shall be valid only at the address stated in the permit.
- 3) Property Authorization Form for each location.
  - a. The application shall include the written authorization from the property owner allowing the donation container on the property.
- 4) Customer Authorization Form – Only if they are a new organization.

**The Cities Donation Container Program ordinance, City Code Sec. 16-914. - Application for permit can be viewed at [www.municode.com](http://www.municode.com).**

If you have many donation containers then email an excel location spreadsheet of all proposed locations.

**The annual permit fee for a donation container shall be forty-eight dollars (\$48.00). All permits shall expire on December 31st of each calendar year regardless of the date of issuance.**

Need more information please call: Call 210-207-1111

Or visit us

1901 S. Alamo, San Antonio Texas, 78204



# CITY OF SAN ANTONIO

Development Services Department  
Code Enforcement Division  
1901 S. Alamo St.  
SAN ANTONIO TEXAS 78204

|                    |                    |
|--------------------|--------------------|
| Decal #: _____     | Permit #: _____    |
| Date Issued: _____ | Date Issued: _____ |
| Invoice #: _____   | Date Paid: _____   |

## Donation Container Permit Form

This application is for:  New Permit  Renewal

### Business Information

|   |  |           |
|---|--|-----------|
| Business Name:  | Name of Non-Profit Organization: (Registered in Texas):<br>(Attach Copy of 501c3 Form)             |           |
| Business Address: <input type="checkbox"/> Preferred Mailing Address                                      | Written Business Owner's Authorization: ____ YES ____ NO<br>(Attach Copy of Written Authorization) |           |
| Physical Address: (If different from Business Address) <input type="checkbox"/> Preferred Mailing Address |  |           |
| City:   | State:   | Zip Code: |

### Donation Container Provider Information

|                                |        |                                |           |
|--------------------------------|--------|--------------------------------|-----------|
| Provider's Name (#1)           |        | Provider's Name (#2)           |           |
| Last Name:                     |        | Last Name:                     |           |
| First Name:                    |        | First Name:                    |           |
| Provider's Address (#1):       |        | Provider's Address (#2):       |           |
| City:                          | State: | Zip Code:                      | City:     |
|                                |        |                                | State:    |
|                                |        |                                | Zip Code: |
| Provider's Telephone No. (#1): |        | Provider's Telephone No. (#2): |           |

### Donation Container Location Information (Attach site plan with location of container marked)

| Physical Address of Container: | # of Container | Size of Container<br>(Cubic Yards) | How Long Will Container be<br>at This Location? |
|--------------------------------|----------------|------------------------------------|---|
|                                |                |                                    |   |

### Required Signatures

|                           |                                 |
|---------------------------|---------------------------------|
| Printed Name of Provider: | Printed Name of Non-Profit CEO: |
| Signature of Provider:    | Signature of Non-Profit CEO:    |

### Payment Information

|                               |                                     |
|-------------------------------|-------------------------------------|
| Registration Fee Amount Paid: | Date Paid:                          |
| # of Months Paid:             | Pro-rated Fee Paid (If applicable): |

### Notary Information

I UNDERSTAND AND AGREE THAT ANY FALSE STATEMENT OR FAILURE FULLY TO COMPLY WITH ANY ASSERTION HEREIN SHALL IMMEDIATELY VOID THIS APPLICATION AND RESULT IN THE DENIAL AND REVOCATION OF ANY LICENSE GRANTED BASED UPON THIS APPLICATION.

STATE OF TEXAS  
COUNTY OF BEXAR

BEFORE ME, the undersigned authority on this day personally appeared \_\_\_\_\_, and after me being duly sworn states under Oath that all the above and foregoing statement and each part thereof is true and correct.

ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, IN THE YEAR \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Texas