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.

If you have multiple donation containers, email a list of all proposed locations on an excel spreadsheet.

The annual donation container permit fee is $240.00. All permits expire December 31st of each calendar year, regardless of the date of issuance.

For more information please call: (210) 207-1111 or visit us at 1901 S Alamo, San Antonio, Texas 78204

CITY OF SAN ANTONIO — TEXAS

DEVELOPMENT SERVICES

Decal #:
Date Issued:
Invoice #:

Donation Container Permit Form

This application is for: ☐ New Permit ☐ Renewal

Business Information

Business Name:	Name of Non-Profit Organization: (Registered in Texas): (Attach Copy of 501c3 Form)	
Business Address: ☐ Preferred Mailing Address	Written Business Owner's Authorization: ☐ YES ☐ NO (Attach Copy of Written Authorization)	
Physical Address: (If different from Business Address) ☐ 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(s)marked)

Physical Address of Container:	# of Containers	Size of Container (Cubic Yards)	How Long Will Container be at this Location?
1.			
2.			
3.			
4.			
5.			

Required Signatures

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

Payment Information (Office Use Only)

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