



CITY OF CLEVELAND
Mayor Justin M. Bibb

Instruction Sheet for Donation Box Permit(s)

City of Cleveland
Division of Assessments and Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

Phone: (216) 664-2264

Hours of Operation:
8:00 a.m. to 4:30 p.m. Weekdays

DALLicenses@clevelandohio.gov

When do you need a Donation Box Permit?

A permit must be obtained to place or maintain a Donation Box outdoors on any property in the City of Cleveland. Only tax exempt organizations under 26 U.S.C. §501(c) (3) may place or maintain a Donation Box within the City of Cleveland.

A Donation Box is any receptacle designed with a door, slot or other opening that is intended to accept and store donated items, such as, but not limited to, clothing or household items. The definition of a Donation Box shall not include trailers where personnel are present to accept donations at all times that the trailer is present and accepting donated items.

This is an annual permit that expires on September 30th.

City of Cleveland Codified Ordinance Chapter §679A, Donation Boxes.

City of Cleveland employees may not provide legal advice to the public. The information provided is for informational purposes only and is not legal advice. For questions regarding the application of a city ordinance or regulation, you should consult an attorney regarding your specific situation.

How to obtain and/or submit a Donation Box Permit application:

In Person/By Mail: Cleveland City Hall, Division of Assessments and Licenses, 601 Lakeside Avenue, Room 122, Cleveland, OH 44114.

What to bring or submit to the Division of Assessments and Licenses:

- 1) Completed and signed application.
- 2) One (1) copy of the organization's IRS 501(c) (3) determination letter.
- 3) List each box and all required information in Section D, Location of Donation Boxes. This section may be substituted by an Excel Spreadsheet as long as all of the information is included.
- 4) A completed and signed Property Owner/Lessee Authorization Form for **each** Donation Box listed in Section D, Location of Donation Boxes. **(This form can't be substituted).**
- 5) **Fee of \$100.00 per Donation Box.** Fees are payable by cash, check or credit card. This fee is non-refundable. Make checks payable to the City of Cleveland.



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Donation Box Permit Application

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Date:	License Number (internally assigned):
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SECTION A - FEE CALCULATION

# of Boxes:		X	Permit Fee:	\$100.00	=	\$
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SECTION B - BUSINESS INFORMATION

Organization Name:		State of Incorporation:	
DBA / Alias:		Federal ID Number:	
Is the Organization tax-exempt under 26 U.S.C. § 501(c)(3)?: <input type="checkbox"/> Yes <input type="checkbox"/> No			If No, You are ineligible for a permit under Section 679A.03.
Address:			
City:		State:	Zip:
Telephone # (including area code):		Email:	

SECTION C - LOCAL REPRESENTATIVES

Name:		Title:	
Address:			
City:		State:	Zip:
Telephone:		Fax:	
Email:			
Name:		Title:	
Address:			
City:		State:	Zip:
Telephone:		Fax:	
Email:			

The undersigned hereby petitions the City of Cleveland for a permit to place a Donation Box in each of the locations listed in Section D of this application. Applicant hereby acknowledges that he/she has read and understands City of Cleveland Codified Ordinances Chapter §679A, Donation Boxes and understands the obligations contained therein.

PRINTED NAME OF APPLICANT	TITLE
SIGNATURE OF APPLICANT	DATE



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Property Owner/Lessee Authorization Form

City of Cleveland
Division of Assessments & Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

Phone: (216) 664-2264

Hours of Operation:
8:00 a.m. to 4:30 p.m. Weekdays

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Box #:

- **Number must correspond to Page 3 or the submitted spreadsheet.**
- **One box per Authorization Form**
- **Make copies as needed.**

SECTION A – PROPERTY OWNER/LESSEE INFORMATION (ALL FIELDS MUST BE COMPLETED AND LEGIBLE)

Name (Print):	Check one: <input type="checkbox"/> Property Owner <input type="checkbox"/> Lessee	
Business Name:		
Business Address:	Zip Code:	
Business Telephone #: (include area code)	Personal Telephone #: (include area code)	
Email:		
Agreement Terms		
Exact Location of Box	Begin Date:	End Date:

SECTION B – DONATION BOX OWNER INFORMATION

Organization Name:	Contact Person:
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SECTION C - DECLARATION

I declare under penalty of perjury that I am either the property owner or lessee of the above stated premises and I accept responsibility for compliance with the provisions of City of Cleveland Codified Ordinance Chapter 679A pertaining to the installation and maintenance of the donation box indicated above now or hereafter in force.

SIGNATURE OF PROPERTY OWNER/LESSEE

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