



City of  
Richmond

**Operating Year: 2025**  
**Donation Bin Application**

Engineering and Public Works  
6911 No. 3 Road, Richmond, BC V6Y 2C1  
richmond.ca

The Applicant should refer to *Donation Bin Regulation Bylaw No. 9502*.

## BUSINESS INFORMATION

Legal Name of Bin Operator: \_\_\_\_\_

Bin Operator's Charitable Registration Number as Issued by the CRA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Unit No.: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Bus. Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Other: \_\_\_\_\_ Email: \_\_\_\_\_

### Requirements:

- ☐ Photograph or pictorial depiction and written description of the donation bin. Exact dimensions to be provided.
- ☐ Completed Donation Bin Location Request Form (Schedule A: Donation Bin Location Request Form attached).
- ☐ A signed letter or statement with respect to the applicant's registered charitable status, the applicant's charitable work conducted within the City and/or for the benefits of the 'residents' of the City, the applicant's ability to operate and maintain the donation bins to the standards set out in this bylaw, and containing a representation that the applicant gains ownership of all items donated through the donation bins it owns, operates and/or receive the benefit from, and received at least 50% of the net proceeds from such donations.
- ☐ Proof of certificate of insurance, in a form and on terms acceptable to the City's Risk Manager, to provide \$5,000,000 general liability insurance and naming the City as an additional insured.
- ☐ A release and indemnity by the applicant in favour of the City, in a form and on terms acceptable to the City's Risk Manager, and if applicable, a release and indemnity by the Applicant's agent bin operator in favour of the City, in a form and on terms acceptable to the City's Risk Manager (Schedule B: Release and Indemnity attached).

For Office Use	
Annual Permit Fee: \$ _____ (\$124.00 x _____ bins)	Trans Code: 4302
Security Deposit: \$ _____ (\$1,168.00 x _____ bins ~ Max \$3,000.00)	AR Pymt 1395: AR.DB _____
Amount Payable:	Receipt No.:
Received by:	Work Order No.: DB _____
For Refund of Security Deposit: Please call Engineering D&C Department (Yashar Javadi-Doodran 604-276-4171)	
Name:	
Address:	
City:	Postal Code:

Completed application to be returned to Engineering D&C Department attention of Yashar Javadi-Doodran.

# CONTACT INFORMATION

## Manned 24-hour On Call Line:

Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## Contact Information of an Authorized Representative of the Bin Operator:

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## Contact Information of the Agent Bin Operator (if applicable):

Legal Name of Agent Bin Operator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Unit No.: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Bus. Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Other: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby make application for a donation bin permit(s) in accordance with the above-stated information and declare that the statements are true and correct. I agree, if granted a permit(s), to comply with all relevant bylaws now in force or which may come into force in the City of Richmond.

Bin Operator Name: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** This application will not be processed without the application fee and damage deposit. Fees to be paid by cheque. Fees are as per set-out in the Consolidated Fees Bylaw No. 8636.

**Completed application to be returned to Engineering D&C Department attention of Yashar Javadi-Doodran.**



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## Schedule B: Release and Indemnity

I/We, \_\_\_\_\_ agree to assume and hold harmless the City of Richmond, its officers, employees and agents from, all liability to any person or property of whatsoever kind or nature which occurs as a result of activities for which he was granted an approval to place one or more donation bins on the donation bin location(s) specified in the permit, in accordance with the provisions of the Donation Bin Regulation Bylaw No. 9502, in the City of Richmond, except that which results from the negligence or willful misconduct of the City of Richmond, its employees, agents, or representatives.

Further, \_\_\_\_\_ agrees to indemnify and defend, hold harmless the City of Richmond, its officers, employees and agents against any liability, or claims of liability, brought or made on behalf of any person for personal injury or property damage caused by or arising out of any act or omission of either the licensee, his agents or employees, including any officers or employees of the City of Richmond, or caused by or arising out of the condition of any City owned or controlled property, whether real or personal, and occurring during the period and as a result of the activities for which this license was issued, except that which results from the negligence or willful misconduct of the City of Richmond, its employees, agents, or representatives.

### Release and Indemnity by the Bin Operator:

Bin Operator Name: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Release and Indemnity by the Agent Bin Operator (If Applicable):

Agent Bin Operator Name: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_