



Fiona Chapman, Director
Business Licensing and
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Licence and Permit Issuing
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Declaration of Confirmation for Placement of Clothing Drop Boxes

Clothing Drop Box Operator Name: _____

Municipal Licence # (if required): _____ B90- _____

Contact Name/Phone Number/Address: _____

Per Toronto Municipal Code Chapter 395 Clothing Drop Boxes section 395-2B(3)f, I/we declare the following to be true:

That we are applying for a permit/permits to erect,display,locate or place clothing drop boxes on the premises listed,where we have obtained permission by the property owner to do so. (Please attach a list of the municipal addresses where you are seeking a permit(s) and the number of boxes at each location.)

(Signature)

(Date)