

TOWN OF SOUTHAMPTON

Office of the Town Clerk – Sundy A. Schermeyer

116 Hampton Road, Southampton, NY 11968
Telephone (631) 287-5740 Fax (631) 287-5606
www.southamptontownny.gov/TOWNCLERK



Town Clerk Annex Telephone (631) 723-2712 Fax (631) 723-3080

2026 REQUIREMENTS FOR DROP-OFF BIN PERMIT ON COMMERCIAL PROPERTIES

Expires: December 31st, Midnight

Permit Fee per Bin: \$100.00

(Cash, check or money order payable to the “Town of Southampton”)
Fees are non-refundable and due upon submission of the application.

DOCUMENTS TO BE SUBMITTED WITH EACH BIN APPLICATION:

- **COPY OF ORGANIZATION’S 501(C)(3) EXEMPTION**

Only Charitable Organizations recognized pursuant to IRS Code §501(C)(3) are permitted to apply for and obtain a Drop-Off Bin Permit.

- **SITE PLAN OR SURVEY INDICATING LOCATION OF DROP-OFF BIN**

If no site plan is available, a survey will be accepted.

- **OWNER(S) CONSENT FORM (ATTACHED)**

Form must be signed and notarized by the owner(s) of the property.

PLEASE NOTE:

Town Clerk’s Additional Fees:

- Fee for notarizing application - \$2.00
- Copies per page - \$.25

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2026 DROP-OFF BIN APPLICATION

**Only Charitable Organizations Recognized Pursuant to IRS Code §501(C)(3)
Are Permitted to Apply for and Obtain a Drop-Off Bin Permit.**

Southampton Town Code [§153-4\(A\)](#) requires applicants to supply a copy of the organization's 501(C)(3) exemption and a copy of the property's site plan indicating the drop-off bin location. If a site plan is not available, a survey will be accepted.

APPLICANT INFORMATION: (Provide a Copy of the Organization's 501(C)(3) Exemption)

Name of Organization: _____

Address: _____

Contact Person: _____ Phone #: _____

IRS Employer Identification #: _____ Email: _____

PLACEMENT OF PROPOSED BIN LOCATION: (Site Plan or Survey with Placement of Bin(s))

Tax Map Number: Map: 0900 Section: _____ Block: _____ Lot: _____

Bin Drop-Off Address: _____

Description of Bin Location: _____ Number of Bin(s): _____

ORGANIZATION PLACING THE BIN:

Name & Phone #: _____

Address / Hamlet: _____

Contact Person: _____ Alt Phone #: _____

BIN CONTENT INFORMATION:

Emptying Schedule: _____ Final Destination of Bin Contents: _____

\$100 NON-REFUNDABLE FEE: (Make Check or Money Order payable to Town of Southampton)

Check#: _____ Money Order: _____ Cash: _____

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DATE: _____

I attest to this document with full understanding that I am swearing under oath to this fact and that swearing falsely or giving a misleading or untrue statement subjects me to prosecution under New York State Penal Law Section 210.5.

(Applicant Signature)

STATE OF NEW YORK ss:
COUNTY OF SUFFOLK

Sworn to before me this ____ day of _____, in the year of 20____, before me, the undersigned, a Notary Public in and for State, personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she execute the same in his/her capacity and that be his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

(Notary Public)

For Office Use Only:

Amount of Bins _____ Permit #: _____

Date Issued: _____ Receipt #: _____

Approved By: _____ Date: _____

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2026 DROP-OFF BIN OWNER CONSENT FORM

Form must be completed in full to be processed.

DATE: _____

OWNER INFORMATION: This Section Must Be Completed for Each Application.

(Separate sheets may be used for multiple owners.)

Be advised that I am the owner of record of the property referenced herein and hereby consent to this application. By this application, the owner does hereby authorize employees or agents of the Town of Southampton, in conjunction with this application, to enter and inspect the project site as necessary.

OWNER INFORMATION:

Owner's Name: _____

Address: _____

Hamlet: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

*If owner is a corporation, give the name and title of responsible officer:

Name: _____ Title: _____

Email Address: _____ Phone #: _____ Fax: _____

In Witness Whereof I have hereto set my hand this _____ day of _____ 20 _____

I attest to this document with full understanding that I am swearing under oath to this fact and that swearing falsely or giving a misleading or untrue statement subjects me to prosecution under New York State Penal Law Section 210.5.

(Owner Signature)

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**STATE OF NEW YORK ss:
COUNTY OF SUFFOLK**

Sworn to before me this ____ day of _____, in the year of 20____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/their capacity(ies), and that by his/she/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Notary Public)