

## Business Food Scraps Requirement Waiver

### COMPANY AND CONTACT INFORMATION

<b>Company name:</b>			
<b>Representative name:</b>			
<b>Street address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email:</b>		<b>Phone:</b>	<b>Fax:</b>

### WAIVER REASON

This request for a 12-month waiver from the Business Food Scraps Requirement is being submitted for the following reason(s).

- Less than 500 pounds of food scraps are included in disposed waste per week.
- Food scraps generated by the business are not suitable for the inclusion in the program or cannot be made suitable without unreasonable expense.
- Physical barriers to compliance exist and cannot be immediately remedied.
- Compliance results in unreasonable capital expense.
- Compliance results in a violation of other government rules, regulations, or health and safety codes.

Provide a written explanation outlining conditions that demonstrate the need for a waiver:

\_\_\_\_\_  
Name of individual requesting waiver

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*By signing this waiver request, signee declares all information provided is factual to the best of their knowledge. Signee hereby agrees to provide access to City staff for onsite inspection to verify a waiver request and agrees to periodic waiver verification site visits to determine if conditions that warrant the waiver are still in place and cannot be remedied in accordance with the waiver criteria.*

# Waiver Review and Decision

*This page to be completed by City staff only*

## WAIVER RECOMMENDATION

Waiver is recommended to be [approved/denied] based on the following:

**Observation:**

APPROVAL RECOMMENDATION "Observation was made that unreasonable capital expense will be required for implementation of food scraps collection"

**Date of site visit:**

\_\_\_\_\_  
Name of City staff

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## WAIVER DECISION

City of XXXX [approves/denies] the requested waiver.

If approved, the following conditions of approval apply:

- Business agrees to provide access for onsite visits.
- Business agrees to periodic waiver verification site visits to determine that conditions that warrant the waiver are still in place.

**Waiver expiration date:**

\_\_\_\_\_  
*12 months from the date of approval*

\_\_\_\_\_  
Name of City staff

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date