



## WAIVER APPLICATION

### SINGLE USE FOODWARE AND LITTER REDUCTION ORDINANCE No. 7,639-N.S.

Prepared Food Vendors may request a full or partial waiver from compliance with Section 11.64.050 (subsections A-C) and Section 11.64.060 of the [Single Use Foodware and Litter Reduction Ordinance](#).

#### WAIVER REQUEST INSTRUCTIONS:

1. Email this completed application and any attached documentation to Heidi Obermeit at [hobermeit@cityofberkeley.info](mailto:hobermeit@cityofberkeley.info). Title the subject line "Foodware Ordinance Waiver Request."
2. Contact [hobermeit@cityofberkeley.info](mailto:hobermeit@cityofberkeley.info) or 510-981-6357 with any questions.

#### WAIVER REVIEW PROCESS:

1. City staff may contact the applicant to request additional clarification, information, or to schedule an onsite inspection.
2. A notice confirming full or partial waiver approval or denial will be emailed to the applicant within 60 days of receipt of a completed application.
3. Hard copy notifications can be mailed to a physical address upon request.
4. No enforcement action will be taken while waivers are under review.
5. Waivers may be granted for a specified time up to a maximum of 2 years.
6. All waivers expire automatically in the event of a significant remodel, renovation or other alteration of the premises with a construction valuation that exceeds \$60,000 or if the Prepared Food Vendor ceases operations at the location for which the waiver has been granted.

#### **PLEASE COMPLETE YOUR APPLICATION BY ANSWERING THE FOLLOWING SECTIONS 1-5:**

##### 1. APPLICANT INFORMATION:

Berkeley Business Name: \_\_\_\_\_  
Berkeley Business Site Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Applicant Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
Email Address\*: \_\_\_\_\_

*\*Notices of waiver approval/denial will be emailed to this address.*

##### 2. TYPE OF WAIVER REQUESTED (check all boxes that apply):

- I request a waiver from **Section 11.64.050 (Subsections A-C): Compostable Disposable Foodware** due to the following reasons:
- No BPI-Certified Compostable Disposable Foodware item(s) exist(s) with substantially similar size, performance and/or utility, and; the non-conforming Disposable Foodware item to be used in lieu of a conforming item is recyclable in the City of Berkeley recyclable collection program.
  - The costs of using BPI-Certified Disposable Foodware item(s) would cause undue financial hardship.

- I request a waiver from **Section 11.64.060 Reusable Foodware for Dining on the Premises** because we lack onsite or off-site dishwashing capacity and we are unable to contract for services to wash/sanitize reusable foodware for the following reasons (*check all that apply*):
  - Insurmountable space constraints/inability to store reusables onsite
  - Lack of staff available to wash reusables
  - Financial hardship
  - Other extraordinary insurmountable circumstances: \_\_\_\_\_

**3. DESCRIBE REASON FOR WAIVER REQUEST:** Information to supplement Item No. 2 above, please explain any additional reason(s) why you are unable to meet the Ordinance requirements:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 4. DOCUMENTATION OF GOOD EFFORTS TO COMPLY:** Please check boxes for all attached documents and describe efforts to comply, if relevant:
- Emails, letters or other correspondence with vendors that furnish BPI-Certified compostable foodware seeking the compliant item(s)
  - Responses from such vendors including, where applicable, item specifications/pricing
  - Photos of onsite space constraints
  - If unable to provide documentation, please describe your efforts to comply here:
- \_\_\_\_\_
- \_\_\_\_\_

- 5. APPLICANT DECLARATIONS AND SIGNATURE** (*check all boxes and sign*):
- I understand that reasonable added cost for a BPI-Certified compostable foodware item as compared to a substantially similar recyclable non-conforming item shall not by itself constitute adequate grounds to support a waiver for such item.
  - During the waiver term, I will make diligent efforts to become compliant.
  - I certify that I am an authorized agent of the above business and have the authority to submit this application on behalf of the business.

**Applicant Signature:** \_\_\_\_\_

\*\*\*\*\* *Staff Use Only Below* \*\*\*\*\*

Date Received: \_\_\_\_\_ Waiver Processed by (staff name): \_\_\_\_\_

- Waiver Approved/Denied (Check one):
- FULL WAIVER APPROVED
  - FULL WAIVER DENIED due to the following reason(s) \_\_\_\_\_
  - PARTIAL WAIVER APPROVED WITH THE FOLLOWING CONDITIONS: \_\_\_\_\_

Waiver is effective \_\_\_\_/\_\_\_\_/\_\_\_\_ Waiver expires \_\_\_\_/\_\_\_\_/\_\_\_\_