



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:

Email this completed application and any attached documentation to Customer Service at customerservice@cityofberkeley.info. Title the subject line "Foodware Ordinance Waiver Request."

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 ____/____/____