



sanitation

Kathryn Garcia Commissioner

New York City Department of Sanitation (DSNY) Commercial Organics Waiver Application

INSTRUCTIONS:

- **Application does not guarantee approval of waiver.**
- To expedite the processing of this application, please answer each question. If a question is not applicable to your business, please respond with "N/A".
- DSNY will provide you with an acknowledgement letter of pending application when a complete application has been submitted.
- Please send completed form and any applicable attachments to:

Email

Waiver applications that do not have "Commercial Organics Waiver Application" in the subject line will not be accepted.

commercialprograms@dsny.nyc.gov

Mail

NYC Department of Sanitation
C/O Commercial Programs
PO Box 156
Bowling Green Station
New York, NY 10274-0156

PART 1. APPLICATION INFORMATION

<i>Name of Individual Applying for Waiver on behalf of Business (Last Name, First Name, Middle Initial)</i>	
<i>Name of Chain Food Service Establishment</i>	
<i>Telephone</i>	<i>Email</i>
<i>Mailing Address (line 1)</i>	
<i>Mailing Address (line 2)</i>	
<i>Food Service Establishment Address (if different from mailing address above)</i>	
<i>What is your food service establishment's 9-digit IRS Tax Identification Number (EIN)?</i> _____ - _____	
<i>What is your food service establishment's Permit Record Number issued by the NYC Department of Health and Mental Hygiene?</i> _____	



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PART 2. BUSINESS OPERATING INFORMATION

<i>Name of On-site Manager at Business Location</i>	<i>Business Hours of Operation</i>
<p>1. Does your business operate under any other name(s) other than the chain food service establishment corporate name? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>2. <i>If you answered YES</i>, please list the other name(s): _____ _____</p> <p>3. What type of legal formation is your business establishment at the premises? <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership/Limited Liability Partnership (LLP) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: _____</p> <p>4. Is your business formed in New York State? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>5. <i>If you answered NO</i>, in what State did you organize? _____</p>	

PART 3. OWNERSHIP OF YOUR BUSINESS AS PART OF A CHAIN

1. Do you own two or less food service establishments under the same chain business name?
Yes No
2. *If you answered YES*, please list the address of each food service establishment location:

3. Is each food service establishment owned by you an individually franchised outlet of a corporate parent chain business? Yes No
4. If you own two chain food service establishments, are they under common ownership or control by yourself or with another immediate family member of your household (i.e., spouse, sibling, child or parent)? Yes No
5. *If you answered YES*, please list all other immediate family member names having common ownership or control of the food service establishment and their percentage ownership:



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6. If you own either one or two chain food service establishments, does each such establishment contain a floor area space less than seven thousand square feet? Yes No

PART 4. PRIVATE CARTING AGREEMENT

1. Does your chain food service establishment receive private carting service from a hauler designated by the corporate parent business pursuant to a private carting agreement between the corporate parent business and such private carter? Yes No
7. Please list the name of the private carting company that services your business:

PART 5. APPLICATION CERTIFICATION OF FOOD SERVICE ESTABLISHMENT

APPLICATION CERTIFICATION

I, the undersigned, hereby certify that the information contained herein are to the best of my knowledge and belief, accurate and descriptive of the business requesting a waiver. I further understand that the Department may request additional documentation from me for the purpose of clarifying information which I have furnished in this waiver. I acknowledge that my intentional misstatements or misleading information contained herein could be cause for rejection of this application or revocation of a waiver. I also understand the submission of this application by me does not guarantee approval of a waiver.

By: _____
Signature of Chief Executive Officer

Type or Print Your Name and Title

Date: _____