



sanitation

Kathryn Garcia Commissioner

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

INSTRUCTIONS:

- **Application does not guarantee approval of waiver.**
- Under Local Law 146 of 2013, any person who owns or operates two or fewer chain food service establishments may request a waiver from the DSNY commissioner of the requirements of the commercial organics rules **if**:
 - no single food service establishment has a floor area of at least seven thousand square feet;
 - the food service establishment or establishments are individually franchised outlets of a parent business affected by these rules; and
 - the owner or operator establishes that the food service establishment or establishments do not receive private carting services through a general carting agreement between a parent business and private carter.
- This application is for a single food service establishment only. If you own or operate two establishments, you must submit a separate application for the second location.
- 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".
- Applications that contain missing, incomplete or incorrect information will be denied.
- DSNY will provide you with an acknowledgement letter of pending application when a complete application has been submitted.
- If an owner or operator is granted a waiver, such waiver will only be valid for 12 months, and shall only apply to the food service establishment listed in the application.
- 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
44 Beaver Street, 5th Floor
New York, NY 10004



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PART 1. APPLICATION INFORMATION

Name of Individual Applying for Waiver on behalf of Business (Last Name, First Name, Middle Initial)

Name of Chain Food Service Establishment

Telephone

Email

Mailing Address (line 1)

Mailing Address (line 2)

Food Service Establishment Address (if different from mailing address above)

What is your food service establishment's 9-digit IRS Tax Identification Number (EIN)?

_____ - _____

What is your food service establishment's Permit Record Number issued by the NYC Department of Health and Mental Hygiene?

PART 2. BUSINESS OPERATING INFORMATION

Full Name of On-site Manager at Business Location

Business Hours of Operation

1. A. What is the chain food service establishment corporate trade name (dba) that your business operates under?

- B. What is the legal name of the individually franchised outlet under which your business is formed?

2. What type of legal formation is your business establishment at the premises?

Corporation Limited Liability Company (LLC) Partnership/Limited Liability Partnership (LLP)

Sole Proprietorship

3. Is your business formed in New York State? Yes No

4. If you answered **NO**, in what State did you organize? _____



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

5. Do you own or operate two or less food service establishments under the same chain business trade name?
 Yes No
6. If you only own two food service establishments, please list the address of the second food service establishment:

7. Is each food service establishment owned an individually franchised outlet of a corporate parent chain business? Yes No
8. If you own two or fewer chain food service establishments, do you own it (them) under common ownership with another immediate family member of your household (i.e., spouse, sibling, child or parent)?
 Yes No
9. *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, if known:

10. If you own two or less 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

11. Please list the name of the private carting company that services your business:

12. Are the services provided by your private carter conducted pursuant to an agreement entered directly between you and the carter? Yes No



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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 and, further, that any such waiver granted covers a period of one year and I must re-apply for a waiver annually.

By: _____
Signature of Chief Executive Officer

Type or Print Your Name and Title

Date: _____