

## **APPLICATION**

CalRecycle 912-CZ1 (Rev. 02/2018)

## **Convenience Zone Exemption**

Mail to: CalRecycle • Division of Recycling • Convenience Zone Unit 801 K Street • MS 17-001 • Sacramento, CA 95814-3533

| Contact Person  Mailing Address  City State Zip Phone  2. Zone(s) Proposed for Exemption  Priority Company Nameof Supermarket  Address of Supermarket  1   | Applicant Name                           |                      | Firm/Organization           |       |  |
|--|--|----------------------|-----------------------------|-------|--|
| 2. Zone(s) Proposed for Exemption Priority Company Nameof Supermarket  1   | Contact Person                           |                      | Mailing Address             |       |  |
| 2. Zone(s) Proposed for Exemption Priority Company Nameof Supermarket  1   |  | State                | 7in                         | Phone |  |
| Address of Supermarket  1  | •  |                      | 21p                         | THORE |  |
| 2  |  |                      | Address of Supermarket      |       |  |
| Attach additional sheet if necessary  3. Justification for Exemption  Attach additional sheet if necessary  4. Signature of Applicant: The applicant declares that all the information submitted for the Division's consideration is true and accurate to the nest knowledge and belief of the undersigned, who is duly authorized to sign this exemption request.       | 1  |                      | _                           |       |  |
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| est knowledge and belief of the undersigned, who is duly authorized to sign this exemption request.  | A Signature of Applicants                | Attach addition      | al sheet if necessary       |       |  |
| nnlicant's Signature Title   |  |                      |                             |       |  |
|  | The applicant declares that all the info | ormation submitted j | for the Division's consider |       |  |