

# County of Santa Clara

Consumer and Environmental Protection Agency  
Integrated Waste Management Services  
1553 Berger Drive, Bldg. 1, 2<sup>nd</sup> Floor  
San Jose, CA 95112-2716  
(408) 282-3180 FAX (408) 280-6479  
www.ReduceWaste.org



## Application for De Minimis Waiver for Commercial Business Green Container Organic Waste Service

Commercial businesses in the unincorporated county that generate little to no organic waste can apply for a de minimis waiver from mandatory green container collection if they meet the requirements below:

### Eligibility Requirements

- **Businesses with less than 2 cubic yards** of weekly waste collection are eligible if they generate ten gallons or less of green-container waste (including yard waste and food scraps) per week; or,
- **Businesses with 2 cubic yards or more** of weekly waste collection are eligible if they generate twenty gallons or less of green-container waste (including yard waste and food scraps) per week.

### Recordkeeping and Reporting Requirements

- Provide written verification of continued eligibility every three years from waiver approval.
- Immediately notify the County if your business no longer meets the waiver requirements, in which case the waiver will be rescinded.

### Application Instructions

- Complete all required sections of this application form.
- Submit the application in one of the following ways:
  - Submit online by clicking on the "Submit" button at the end of the form.
  - To request a paper copy of this application form, email [SCCreduce.Waste@cep.sccgov.org](mailto:SCCreduce.Waste@cep.sccgov.org) or call (408) 282-3180.
  - Applications may be mailed to: Integrated Waste Management Services  
1553 Berger Drive, Bldg. 1, 2<sup>nd</sup> Floor, San José, CA 95112
- County staff will review application and respond within 30 days of receipt.

### **Applicant**

Name of Business \_\_\_\_\_

Type of Business \_\_\_\_\_

Collection Service Address \_\_\_\_\_

City/Town \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

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**Weekly Waste Collection**

Please describe the weekly waste collection services you are currently enrolled in by completing the table below. Please select "N/A" if you are not subscribed to a particular service.

<b>Container Type</b>	<b>Container Size</b>	<b>Quantity (# of containers)</b>	<b>Frequency (# of pickups per month)</b>
Garbage (Gray)	Cart _____ gal; or Bin _____ cu yd		
Recyclables (Blue)	Cart _____ gal; or Bin _____ cu yd		
Organics (Green)	Cart _____ gal; or Bin _____ cu yd		

**Estimated Weekly Organic Waste includes:**

Estimate the amount of organic waste generated weekly on site by completing the information below.

- Yard trimmings \_\_\_\_\_ gallons/week
- Food waste (food scraps) \_\_\_\_\_ gallons/week
- Food contaminated paper \_\_\_\_\_ gallons/week
- Other, please specify: \_\_\_\_\_ gallons/week

**If you are using landscaping service or services, how are landscape materials (yard trimmings) managed at the site? If you use a landscaping service, please provide their contact information.**

**How is employee food waste managed? Do employees eat lunch onsite?**

**Is any other food or organic material managed onsite as part of business operations?**

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**Other information to support your request to waive organic services based on limited organics generation.**

I declare under penalty of perjury that all information on this application is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**\*For Office use only\***

Application approved by:

Signature \_\_\_\_\_ Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_