

**Los Angeles County Public Works
De Minimus Waiver
For Commercial Business Only**

COMPLETE ALL APPLICATION SECTIONS.

FAILURE TO COMPLETE ALL SECTIONS AND PROVIDE PHOTOS FOR DOCUMENTATION MAY REQUIRE YOU TO RESUBMIT YOUR APPLICATION OR HAVE YOUR APPLICATION DENIED.

Applicant Name:		Phone Number:	E-mail (if available):
Business Name (if applicable):		Phone Number:	
Plaza Name (if applicable):		# Of Businesses:	
Street Address (No P.O. Boxes):			
City:		State:	Zip Code:
Mailing Address (if different):			
City:		State:	Zip Code:

Service Levels

Type of Container: - Trash - Recyclable - Organic	Number of Carts	Number of Dumpsters	Container Size in Gallons or Cubic Yards	Number of times container is serviced per week
<i>Example Organic</i>	<i>1</i>	<i>0</i>	<i>64 gallons</i>	<i>1</i>

Waiver Documentation

My business is subscribed to trash, recycling, and organic waste collection service and I would like to apply for a waiver. I can provide proof I meet the following requirement (select one option):

- Option 1
 - My business generates MORE than 2 cubic yards of trash per week; and
 - Generates LESS than 20 gallons of organic waste.
- Option 2
 - My business generates LESS than two cubic yards of solid waste per week; and
 - Generates LESS than 10 gallons of organic waste per week.

I, the waiver applicant, understand and agree:

1. I must submit proof of the type and quantity of organic waste generated at the business that does not exceed the threshold amounts under either Option 1 or Option 2.
2. Proof must include photos and receipts or invoices from the waste hauler or waste processing facility and additional proof not listed may also be requested.
3. My business may be subject to site visits by Public Works (or designee) to verify information. Site visits and inspections may occur annually and possibly at random.

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4. Public Works reserves the right to revoke the waiver at any time, if the business exceeds the waste generation thresholds as applicable under Option 1 or Option 2, or if I fail to properly sort my waste.
5. I may only submit a waiver application once per year per property. If denied a waiver, I may reapply one year after the denial date (or the date the waiver was revoked) of its last waiver application.

I declare that I, the owner, property manager, or their designee, am the responsible party who has read this document and that the facts stated herein are true to the best of my knowledge.

Signature:	
Print:	Date:

For County Use Only	
<input type="checkbox"/> Application is recommended for approval. <input type="checkbox"/> Application is not recommended for approval. Reason(s) as follows:	
Liaison Reviewer:	Date Reviewed:
Final Approver:	Date Approved: