



WAIVER APPLICATION

REGULATING THE USE OF CARRYOUT AND PRE-CHECKOUT BAGS AND PROMOTING THE USE OF REUSABLE BAGS No. 7,844-N.S.

Covered entities or food product stores may request a partial waiver from compliance for any section of this ordinance [Regulating the Use of Carryout and Pre-Checkout Bags and Promoting the Use of Reusable Bags](#).

WAIVER REQUEST INSTRUCTIONS:

Email this completed application and any attached documentation to Customer Service at customerservice@berkeleyca.gov. Title the subject line "Bag Ordinance Waiver Request."

WAIVER REVIEW PROCESS:

1. City staff may contact the applicant to request additional clarification, information, or to schedule an onsite inspection.
2. A notice confirming full or partial waiver approval or denial will be emailed to the applicant within 90 days of receipt of a completed application.
3. Hard copy notifications can be mailed to a physical address upon request.
4. No enforcement action will be taken while waivers are under review.

PLEASE COMPLETE YOUR APPLICATION BY ANSWERING THE FOLLOWING SECTIONS 1-5:

1. APPLICANT INFORMATION:

Berkeley Business Name: _____

Berkeley Business Site Address: _____ Zip Code: _____

Applicant Contact Name: _____ Title: _____

Contact Phone #: _____ Secondary Phone #: _____

Email Address*: _____

**Notices of waiver approval/denial will be emailed to this address.*

2. TYPE OF WAIVER REQUESTED (check all boxes that apply):

- I request a waiver from Section _____ due to undue hardship.
- I request a waiver from Section _____ due to undue hardship.
- I request a waiver from Section _____ due to undue hardship.

3. DESCRIBE REASON FOR WAIVER REQUEST: Information to supplement Item No. 2 above, please explain undue hardship(s) preventing you from meeting the Ordinance requirements:

4. DOCUMENTATION OF EFFORTS TO COMPLY: Please check boxes for all attached documents and describe efforts to comply, if relevant:

- Emails, letters or other correspondence with vendors that furnish Recycled-Content Paper or Reusable Bags seeking the compliant item(s)
- Responses from such vendors including, where applicable, item specifications/pricing
- If unable to provide documentation, please describe your efforts to comply here:

5. APPLICANT DECLARATIONS AND SIGNATURE (*check all boxes and sign*):

- I understand that reasonable added cost for a compliant item as compared to a substantially similar non-conforming item shall not by itself constitute adequate grounds to support a waiver for such item.
- I will continue to make diligent efforts to become compliant.
- I certify that I am an authorized agent of the above business and have the authority to submit this application on behalf of the business.

Applicant Signature: _____

***** **Staff Use Only Below** *****

Date Received: ____/____/____

Waiver Approved/Denied (Check one):

- PARTIAL WAIVER DENIED due to the following reason(s) _____
- PARTIAL WAIVER APPROVED WITH THE FOLLOWING CONDITIONS:

Waiver is effective ____/____/____

Waiver Processed by (staff name): _____