CITY OF MONTEREY PARK
APPLICATION FOR WASTE GENERATOR WAIVER

For information on Waste Disposal and Recycling, please see the City’s website at: https://www.montereypark.ca.gov/552/Trash-Recycling


Approved waivers are valid for up to five years.

APPLICANT

Organization: _______________________________________________________________________

Physical Address: _____________________________________________________________________

Mailing Address (if different): _______________________________________________________________________

Phone: _________________________________  Email: ____________________________________

Refuse Service Provider: _____________________________________________________________

Assembly Bill 1826 & SB 1383 both mandate the recycling of commercial organic waste. This means that all businesses and multi-family complexes must have an organics recycling program. Organic waste is defined as: food waste, green waste, landscape, and pruning waste, nonhazardous wood waste, and food-soiled paper waste that is mixed in with food waste.

WAIVER TYPE

Please select all that apply.

☐ Waste Generation of Two Cubic Yards or more, and Organic Generation of Less than 20-gallons.
The subscribed solid waste collection service is two cubic yards or more per week and organic waste collection in a blue or green container comprises less than 20 gallons per week per applicable container of the business’ total waste.

☐ Waste Generation of Two Cubic Yards or less, and Organic Generation of Less than 10-gallons.
The subscribed solid waste collection service is less than two cubic yards per week and organic waste collection in a blue or green container comprises less than 10 gallons per week per applicable container of the business’ total waste.

☐ Lack of Adequate Space
There is not adequate space for separate organic containers. A hauler, licensed architect, or licensed engineer has determined that there is not adequate space for separate organic waste containers. Documentation and pictures must be submitted with waiver request.
SERVICE TYPE

*Please select all that apply.*

- ☐ **Blue Container Services**, including plastics, glass, and paper.
- ☐ **Green Container Services**, including landscape debris, organic recycling, and food waste.

ACKNOWLEDGMENTS

*Please initial in agreement next to each statement on the left.*

- _____ I have attached documentation demonstrating that the organic waste generation is below the minimum threshold for services and/or documentation certifying there is not adequate space for containers.
- _____ I will notify the City if circumstances change such that Commercial Business’s Organic Waste exceeds the threshold required for waiver.
- _____ I understand that the waiver may be rescinded if waste generation or site conditions change.
- _____ I understand that failure to provide complete and accurate information can result in the cancellation of an approved waiver.
- _____ I understand that any violation of the City’s Municipal Code may result in the waiver being rescinded and may result in fines subject to section §6.15.130.

I, as undersigned and responsible party, have read the Rules and Regulations and hereby agree to abide by them. I further agree and understand that violations of the rules and regulations set forth could result in a suspension of an approved waiver.

Name (Printed): ___________________________________________ Date: ______________________

Signature: __________________________________________________________________________

Address: ___________________________________________________________________________

Phone: __________________________________________ Email: __________________________________

Please submit completed application to the City of Monterey Park, Public Works Department, at pwpermitcounter@montereypark.ca.gov. For more information or questions, please contact the Public Works Department at (626) 307-1320.

FOR OFFICE USE ONLY

☐ Approved  Date: __________________________________________

☐ Denied  Reason for Denial: ____________________________________________________________

Name (Printed): __________________________________________ Signature: ______________________

Refuse Service Provider Verification by: _______________________ Date: _____________________