

Albany County Department of Health

USE OF DISPOSABLE POLYSTYRENE FOAM

Albany County Local Law No. 4 for 2018
Hardship Exemption Request Form

Use this form to apply for an exemption from the Polystyrene Food Ware Regulations:

Section A: (To be filled out by all applicants)

Pursuant to the provision of Albany County Local Law No. 4 for 2018, an exemption from the Polystyrene Foam Food Ware regulations is hereby requested. A request for exemption shall be reviewed on a case-by-case basis, and be granted in whole or in part, with or without conditions, **for a period of twelve months.**

The Albany County Department of Health has thirty (30) days from receipt of the completed application and supporting documentation to render a decision. The Commissioner of the Albany County Department of Health reserves the right to revoke approval if the information contained in the request is found to be **inaccurate or incomplete.**

INSTRUCTIONS: Fill in all fields in the Request Form; attach all supporting documentation and mail to the address below. Completion of all fields and submission of all supporting documentation is required prior to granting a Hardship Exemption.

**Albany County Department of Health
175 Green Street
Albany, New York 12202**

For more information, please visit the Albany County Health Department Website.

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FOOD SERVICE ESTABLISHMENT INFORMATION:

Date of Request: _____

Name of Business: _____

Business Owner Name: _____

Address of Business: _____

Business Phone: _____ Fax: _____

Business Email: _____

County Department of Health Food Service Permit #: _____ Expiration Date: _____

PRIMARY CONTACT INFORMATION:

Primary Contact Name: _____

Primary Contact Phone: _____

Primary Contact Email: _____

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SECTION B:

Financial Hardship Exemption

The Commissioner of Health may exempt food vendor from the provisions in Local Law No. 4 for 2018 of the Albany County Code prohibiting the use of polystyrene foam disposable food service ware on a case-by-case basis for financial hardship.

B-1 Eligibility Criteria

Your business should meet all criteria below in order to qualify for the program (please check boxes).

I certify:

- My business's annual reported gross income (revenue) is under \$400,000 according to the income tax filed for the most recent tax year (non-profits are exempted from this rule).
 - Enter revenue here _____.
- My business is not a chain food service provider or chain store (fewer than five locations)
- There is no comparable alternative product not composed of expanded polystyrene that would cost the same as or less than the expanded polystyrene food service article I seek an exemption for.

If all boxes are checked please continue to section B-2 on the next page

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B-2 Financial Eligibility Component

Please identify all expanded polystyrene foam products that you want to continue using after March 27 in blue columns A-D below. Then, list comparable alternate products you would otherwise use as a replacement in red columns E-G. This information must match the cost estimates that are attached to verify accuracy of this information.

	A	B	C	D	E	F	G	H
	Current Product type	Standard Size	Price Per Unit	Quantity purchased/year	Alternative Product type	Standard Size	Price Per Unit	Total Cost Difference
<i>Sample:</i>	<i>Foam Cup</i>	<i>8 ounce</i>	<i>\$ 0.05</i>	<i>5,000</i>	<i>Paper Cup</i>	<i>8 ounce</i>	<i>\$0.07</i>	<i>\$100</i>
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Please print and submit additional copies of this page if needed

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Please complete the details in the blue cells below from the federal tax forms you attached as part of your application.

A	Gross receipts/sales OR total revenue		
B	Cost of goods sold (if applicable)		
C	Other operating expenses and deductions	-	
D	Total current operating costs		Row B + Row C
E	Operating costs after switch*		Row D + Total cost difference reflected on page 4

*Any increases in operating costs must be reflected in the table on page 4.

F	Operating profit OR net income		Row A – (Row B + Row C)
G	Operating profit OR net income after switch*		Row F – Total cost difference reflected on page 4

*Any decreases in operating profit must be reflected in the table on page 4.

Food vendors will be eligible for consideration for a full or partial waiver due to financial hardship if they meet the eligibility criteria in Section B-1 and increased costs associated with the switch from expanded polystyrene foam products are expected to result in at least a 5% increase of business operating costs or at least a 5% reduction of operating profits.

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In the text box below, please briefly explain why your business or organization is applying for a waiver and how the switch from single service Expanded Polystyrene (EPS) foam food service article(s) to alternative products will cause your business undue financial hardship:

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Please ensure you include the following documents with your application submittal:

1. Completed Eligibility Form
2. A signed copy of your most recent federal tax forms; and
3. Pricing quotes for all current and alternative products for which you are seeking an exception.

Note: Applicants may be disqualified if necessary documents are not included.

I declare under penalty of perjury that all statements made by me in this Application are true. I understand that the County may audit my tax records at any time for the tax year previous to this application or any other previous year where a Financial Hardship Exemption was granted. I agree to maintain adequate records to support all of the information submitted as part of this application and to provide this information to representatives of the County on demand. I further understand that if I fail to produce the requested documents and/or continue to use polystyrene products, my exemption may be void and I may be liable for violation of Albany County Local Law No. 4 for 2018.

<i>Signature</i>	<i>Date</i>
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<i>Notary</i>	<i>Date</i>
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For Health Department Use Only

- Approval of Financial Hardship Exemption
- Denial of Exemption

<i>Signature</i>	<i>Date</i>
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For the first year, approved exemptions will expire on the date that your current food service permit expires. Food operators wishing to renew their exemption must submit a new exemption application at least 30 days prior to the expiration of their food service permit renewal date.

This waiver may be revoked upon notice by the Albany County Commissioner of Health or her/his designee.