



Mail to:
Recycle@ChicoCA.gov
Phone: 530-592-5541

Commercial Shared Service Application

If you believe your business or multifamily complex qualifies for an exemption from SB 1383, or if you are self-hauling your organic waste, please email this completed form to **Recycle@ChicoCA.gov**.

Senate Bill SB 1383 requires businesses and multi-family complexes (of 5 units or more) that generate a specified amount of solid waste per week to arrange for recycling and compostable services. The City of Chico is required to provide a number of programs to meet the requirements of this bill but may issue waivers from certain commercial collection requirements in certain limited circumstances. See Chico Municipal Code Chapter 8.13 on the City's website https://codelibrary.amlegal.com/codes/chico/latest/chico_ca/0-0-0-30098 for more information.

UNDERSTANDING THE PROCESS

Please submit your application to the City of Chico, Public Works Department. If you have any questions, please contact:

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1. City of Chico staff may visit and perform a waste assessment to determine whether your residence qualifies for shared service.
2. City staff may take photographs to support the basis for the shared service request.
3. If a site visit is required, the city of Chico will notify you with a written request including the reason for the visit along with any supporting documentation.
4. This process will take approximately one week to complete from the time the application was received. You will receive notification indicating whether your request was approved or denied.
5. Approved applications are valid for five (5) years from the date it was approved. It is the responsibility of the property owner(s) to provide written verification of continued eligibility for shared service.
6. Please note that any contamination and/or service charges associated with shared container(s) will be charged to the primary account holder of the carts.

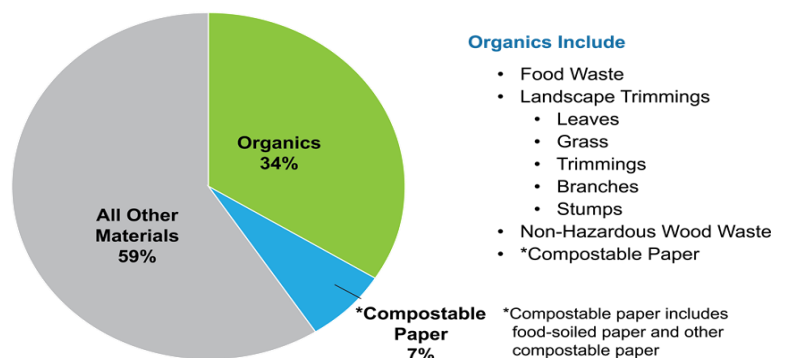
ADDITIONAL RESOURCES

CalRecycle Mandatory Commercial Organics Recycling
www.calrecycle.ca.gov/recycle/commercial/organics

CalRecycle Commercial Recycling FAQs
www.calrecycle.ca.gov/recycle/commercial/faq

CalRecycle Organics
Preventing Food from Reaching the Landfill
www.calrecycle.ca.gov/organics/food

Organics in California's Overall Disposed Waste Stream 2014
Data from CalRecycle's 2014 Waste Characterization Report



Commercial Shared Service Application

PLEASE CHECK ONE: Initial Application 5yr Renewal

APPLICANT INFORMATION

Business/Property Name: _____

Type of Business (please Select One) Commercial Multi-Family Other

Business/Property Address: _____

Business/Property Phone: _____ Business/Property Website: _____

Name of Primary Contact: _____

Phone of Primary Contact: _____ Email: _____

Please state why you believe your business or multi-family complex qualifies for a shared service:

HAULER INFORMATION

Who currently collects your solid waste, recyclables, and compostables? (please check all that apply)

	Recology / Waste Management	Self-Haul	Shared Service	Other 3 rd Party	No Current Service
Solid Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recyclables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compostables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hauler Name: _____

Address: _____

Contact Person: _____ Contact Phone: _____

STAFF USE ONLY

CITY REVIEWED: DATE _____ INITIALS _____ APPROVED ☐ yes ☐ no

Commercial Shared Service:

Any contamination and/or service charges associated with shared service will be charged to the primary account holder.

SHARED SERVICE

Name of Business Requesting to Share Service: _____

Property Address: _____

Phone: _____ Email: _____

Name of Primary Account Allowing Shared Service: _____

Property Address: _____

Phone: _____ Email: _____

CHECK ALL THAT APPLY :

Solid Waste, we use shared bins/carts/containers:

Describe the sharing arrangement: _____

Size of container: _____

Location of container: _____

Recyclables, we use shared bins/carts/containers:

Describe the sharing arrangement: _____

Size of container: _____

Location of container: _____

Compostables, we use shared bins/carts/containers:

Describe the sharing arrangement: _____

Size of container: _____

Location of container: _____

SHARED APPLICANT ACKNOWLEDGEMENT

By signing below, you are certifying that the information you provided is true and accurate. If applicable, a follow-up inspection and/or request of your business records on file pertaining to commercial recycling and organics recycling may be conducted by the State governing agency (CalRecycle) or its designee at any time to verify compliance. By signing below, I agree to comply with the requirements of State Law as it applies to the material stream selected and will deliver recyclable materials and organic materials generated to permitted facilities for processing. I certify that all self-hauling activities will be completed in accordance with the City Ordinance, or any other applicable law or regulation.

Applicant Signature: _____ Date: _____

Printed Name of Applicant: _____ Title: _____

Primary Account Signature: _____ Date: _____

Printed Name of Applicant: _____ Title: _____