



Polystyrene Foam Hardship Waiver Application

Effective January 1, 2019, the use, sale or possession of single service Expanded Polystyrene (EPS) foam food service articles or loose fill packaging, such as “packing peanuts” will no longer be allowable in New York City. A grace period will be in effect between January 1, 2019 and July 1, 2019 to prepare for the ban of EPS.

Organizations that meet the following criteria may apply for a hardship waiver on single-use foam products through the application below. Waivers granted will be valid for a one-year period beginning July 1, 2019 and on a rolling basis thereafter. Please note the submission of an application does not guarantee approval of a waiver.

Eligibility Criteria:

- Businesses or organizations located in or operating within any of the 5 boroughs of New York City;
- Businesses not part of a chain. A chain is defined as five or more locations within the city that (1) conduct business under the same business name or operate under common ownership or management or (2) operate pursuant to a franchise agreement with the same franchisor;
- Businesses or organizations established before 2018; and
- Businesses earning less than \$500,000 in annual revenue per location or non-profit organizations.

To learn more visit: <http://www.nyc.gov/foamban>

Instructions:

- Download the template called Eligibility Form: to provide details on the product(s) for which you are applying for a waiver, the alternative product(s) pricing, and facts about your organization or business to verify financial hardship. The template will automatically determine whether the thresholds of financial hardship are met. At least one threshold must be met to establish financial hardship.
- Next, if your business or organization demonstrates financial hardship through the template complete parts 1 and 2 of the application below
- Once you complete parts 1 and 2 and submit your application, you will be prompted to submit the following necessary documentation:
 - completed Eligibility Form;
 - a **signed** copy of your most recent tax returns or Federal 990; and
 - pricing quotes for current and alternative products.
 - **Note:** Applicants may be disqualified if necessary documents are not included.
- Please answer each question. If a question is not applicable to your business or organization, please respond with "N/A".
- Please retain a copy of the confirmation email you receive after submitting the application to demonstrate that your application is pending evaluation.
- The Department of Small Business Services will issue a written denial or approval of a waiver to the email address indicated in part 1 of the application.

If you have questions, please address them to this email address: foamwaiver@sbs.nyc.gov

Part 1. Eligibility Criteria

* Indicates required fields

Your business should meet all criteria below in order to qualify for the program.*

- My business is either located and/or conducting business within the 5 boroughs of New York City. *
- Business is **not** part of a chain (5 or more locations within NYC's 5 boroughs – see instructions above for further details).*
- Business was established prior to January of 2018 and taxes for 2017 were filed. *
- Annual revenue of business is less than \$500,000.00 (non-profits are exempt of this rule). *

If all points are checked please continue with part 2 of the application.

Part 2. Financial Eligibility Component

Download and complete the template called Eligibility Form which will automatically determine whether the thresholds of financial hardship are met.

In addition, please indicate which of the following will impact your business or organization by switching from single service Expanded Polystyrene (EPS) foam food service article(s) to alternative products. **The Eligibility Form template will establish the quantitative demonstration of financial hardship.**

Select how business will be impacted*

- Increased costs are expected to result in at least a 5% increase of business operating costs.
- Increased costs are expected to result in reduction of at least 5% in operating profits.
- Increased costs are expected to be greater than or equal to the annual salary of at least ONE employee.

If at least one of the thee thresholds is met please continue to part 3 of the application.

Part 3. Applicant Information

Owner First Name*

Owner Last Name*

Business Name*

Primary business contact and title*

Phone Number (extension optional)*

Email Address*

Month and year organization or business established (MM/YY)*

Company Address *

Address Line 2

City*

State*

Zip Code (plus four code optional)*

Borough*

Does the company do business under any other name(s)? *

Yes No

Alternate Business Name/DBA (Enter N/A if not applicable)*

If you are applying as a business, please indicate the amount of your gross income from your most recent state or federal IRS tax return:

Business Gross Income (most recent)*

Please select the nature of activity at premises. Note that businesses operating as part of a chain are not eligible to apply.*

- Mobile Food Commissary:** this includes any facility that disposes of solid waste generated by the operation of a food service establishment that is or is located in a pushcart, stand or vehicle; or supplies potable water and food, whether pre-packaged or prepared at the mobile food commissary, and supplies non-food items.
- Food Service Establishment:** this includes a premises or part of a premises where food is provided directly to consumers (either free of charge or sold), consumption of food occurs either on or off the premises or is provided from a pushcart, stand or vehicle. Food service establishments include, but are not limited to, full-service restaurants, fast food restaurants, cafes, delicatessens, coffee shops, grocery stores, vending trucks, carts, and cafeterias.
 - If your business is a food service establishment operating a **vending truck or cart** that will be mobile and conducting business in a variety of locations in New York City, please indicate that by selecting this option.
- Store:** this includes retail or wholesale establishments other than a food service establishment
- Nonprofit Corporation**

Part 4. Financial Hardship

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

Explain why your business or organization is applying for a waiver.(1000 Characters max)*

Part 5. Financial Hardship

Please ensure you have the following documents ready to upload after application submittal.

1. Completed Eligibility Form
2. Most recent signed taxes
 - If applying for a religious organization without a tax form 990 please provide the following:
 - 503 (c)(3)
 - Most recent revenue ledger
 - Notarized letter confirming revenue ledger is up-to-date and accurate
3. Quarters 1 through 4 of tax forms NYS-45 for most recent tax year (if threshold 3 for least compensated employee is met on Eligibility Form)
4. Quotes used to complete Eligibility Form

Application Certification

- I hereby certify that the information contained herein and the attachments hereto, are to the best of my knowledge and belief, accurate and descriptive of the business requesting a waiver. I understand that my intentional misstatements or misleading information contained herein could be cause for rejection of this application or revocation of a waiver. *
- I understand that the New York City Department of Small Business Services is required to share this information with the New York City Department of Sanitation, the Department of Consumer Affairs, and the Department of Health and Mental Hygiene and agree that the City may in its discretion disclose any information with respect to the Applicant as may be required or appropriate in any respect. Application does not guarantee approval of a waiver. *

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